Case 16-2831	.0 Doc 1	Filed 09/02/16 Document	Entered Page 1 o		
Fill in this information to ident	ify your case:			UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS	
United States Bankruptcy Court	for the:			SEP 0 2 2016	
Northern District of Illinois				2EL 05 5010	
Case number (if known):		Chapter you are filing Chapter 7 Chapter 11 Chapter 12 Chapter 13	g under:	JEFFREY P. ALLSTEADT, CLERK  Check if this is an amended filing	
Official Form 101				amended ming	
Voluntary Poti	ition fo	r Individus	le Filir	g for Bankruptcy	2/15
the answer would be yes if eithe Debtor 2 to distinguish between same person must be Debtor 1 in Be as complete and accurate as	r debtor owns a them. In joint ca n all of the forms possible. If two eded, attach a se	car. When information in uses, one of the spouse s. married people are filin	is needed abou s must report i g together, bot	ebtors. For example, if a form asks, "Do you own a cut the spouses separately, the form uses <i>Debtor 1</i> and the other as <i>Debtor 2</i> . The are equally responsible for supplying correct of any additional pages, write your name and case in	nd 'he
Rantella Identity Coursen					
. V	About Debtor	1:		About Debtor 2 (Spouse Only in a Joint Case):	,
1. Your full name					
Write the name that is on your government-issued picture identification (for example, your driver's license or	SADE First name		<u></u>	First name	<del></del>
passport).	Middle name			Middle name	
Bring your picture identification to your meeting with the trustee.	REDDING Last name	· · · · · · · · · · · · · · · · · · ·	***************************************	Last name	<del></del>
	Suffix (Sr., Jr., II,	III)		Suffix (Sr., Jr., II, III)	
2. All other names you have used in the last 8 years	First name	ente estimatat popularitaren errereta en eta en en estimatat en esta esta en esta esta en esta esta en esta est		First name	i fine nem es fa Pesta ej la
Include your married or maiden names.	Middle name			Middle name	
	Last name		***	Last name	***************************************
	First name		<del></del>	First name	
	Middle name			Middle name	********
	Last name			Last name	:
3. Only the last 4 digits of	and the state of t			muundi maadand di kantaan ku mikumis maramaga madaka muska arak, arak maramada ak mis ya yaya gaya gaya g	.,
your Social Security number or federal		6 7 4 2		xxx - xx	
Individual Taxpayer	OR			OR	
Identification number (ITIN)	<b>y</b> xx − xx −		<del></del>	9 xx - xx	:
Official Form 101	Volum	tary Petition for Individ	uale Filina for	Rankruntov nace 1	

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Debtor 1	SADE REDD	ING		Case number (it known)	
	First Name Middle N	lame Last Name	· · · · · · · · · · · · · · · · · · ·	Odos (tariber (i xiowi)	
		About Debtor 1:		About Debtor 2 (Spouse Only in a Jo	oint Case):
and Er Identif	usiness names nployer ication Numbers rou have used in	I have not used any busine	ess names or EINs.	☐ I have not used any business name	es or EINs.
	at 8 years	Business name		Business name	
	trade names and usiness as names	Business name			v75.05.60
		business name		Business name	
		EIN	ACCOUNTS SERVICE	EIN	_
		EIN		EIN	<b></b>
. Where	you live			If Debtor 2 lives at a different addres	s:
		6901 S ADA			
		Number Street		Number Street	
		OLUO A O O			
		CHICAGO City	IL 60636 State ZIP Code	City State	e ZIP Cod
		соок			
		County		County	
		If your mailing address is diff above, fill it in here. Note that any notices to you at this mailin	the court will send	If Debtor 2's mailing address is differ yours, fill it in here. Note that the cour any notices to this mailing address.	ent from I will send
		Number Street		Number Street	
		P.O. Box	19-Ten-1-10-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	P.O. Box	
		City	State ZIP Code	City State	ZIP Code
Why yo	u are choosing	Check one:		Check one:	
this dis bankruj	etrict to file for ptcy	Over the last 180 days before I have lived in this district logother district.	re filing this petition, nger than in any	Over the last 180 days before filing to I have lived in this district longer than other district.	nis petition, n in any
		l have another reason. Explication (See 28 U.S.C. § 1408.)	ain.	☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)	
		Approximate to			
			- Villet Andre de La .	***************************************	

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Debtor	1	

SADE F	REDDING		Case number (if known)
First Name	Middle Name	Last Name	Case number (if known)

þ	art 2: Tell the Court Abo	ut Your I	3ankru	ptcy Case			
7.	The chapter of the Bankruptcy Code you	Check of	one. (Fo kruptcy (	r a brief description of ea (Form 2010)). Also, go to	ch, see <i>Not</i> the top of p	ice Required by 11 page 1 and check t	1 U.S.C. § 342(b) for Individuals Filing he appropriate box.
	are choosing to file under	☑ Cha	pter 7				
		☐ Cha	pter 11	l			
		☐ Cha	pter 12	2			
		☐ Cha	pter 13	}			
8.	How you will pay the fee	loca you sub	il court rself, yo mitting	for more details about ou may pay with cash,	how you r cashier's	nay pay. Typical check, or money	eck with the clerk's office in your lly, if you are paying the fee order. If your attorney is pay with a credit card or check
							otion, sign and attach the ents (Official Form 103A).
		By liess pay	aw, a ju than 1 the fee	udge may, but is not re 50% of the official pov	quired to, erty line the choose the	waive your fee, a at applies to you his option, you m	tion only if you are filing for Chapter 7. and may do so only if your income is ar family size and you are unable to nust fill out the Application to Have the with your petition.
9.	Have you filed for bankruptcy within the	☑ No					
	last 8 years?	TYes.	District	MARTHUM I I II I	When	MM / DD / YYYY	Case number
							Case number
			District		When	MM / DD / YYYY	Case number
10.	Are any bankruptcy	☑ No					
	cases pending or being filed by a spouse who is		Debtor				_ Relationship to you
	not filing this case with you, or by a business partner, or by an affiliate?						Case number, if known
			Debtor				Relationship to you
			District		When	MM / DD / YYYY	Case number, if known
11.	Do you rent your residence?	No. Yes.	Go to li Has yo resider	our landlord obtained an e	viction judg	ment against you	and do you want to stay in your
			☐ No	. Go to line 12.			
			☐ Ye	s. Fill out <i>Initial Statemen</i>	t About an I	Eviction Judgment	Against You (Form 101A) and file it with

this bankruptcy petition.

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ebtor 1 SADE REDD First Name Middle Nar		Name	<del></del>	Case no	u <b>mber</b> (if known	)	
nrt St. Report About Any I	Businesses Y	fou Own as a S	ole Propriet	юг			
Are you a sole proprietor of any full- or part-time	No. Go to	Part 4.					
business?	Yes. Nam	ne and location of b	ousiness				
A sole proprietorship is a business you operate as an							
individual, and is not a	Name	e of business, if any	····	***************************************			
separate legal entity such as a corporation, partnership, or							
LLC.	Numb	ber Street					
If you have more than one sole proprietorship, use a				<del></del>			
separate sheet and attach it to this petition.							
to this petition.	City				State	ZIP Code	
	Chec	ck the appropriate I	box to describ	e vour business:			
		lealth Care Busine		•	01(27A))		
		Single Asset Real E					
		Stockbroker (as def	· ·	_	, (0,0),		
		Commodity Broker (		• , ,,	5))		
		None of the above		• `	**		
Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor? For a definition of small business debtor, see 11 U.S.C. § 101(51D).	can set appropriate the B  Can set appropriate the B	g under Chapter 1: priate deadlines. If alance sheet, state documents do not e not filing under Chapte fankruptcy Code. filing under Chapte ruptcy Code.	you indicate tement of opera exist, follow the apter 11.	hat you are a sma itions, cash-flow s e procedure in 11 NOT a small bus	all business statement, a U.S.C. § 1°	debtor, you r and federal ind 116(1)(B). r according to	nust attach your come tax return or if
rt 4: Report if You Own o	r Have Any I	Hazardous Prop	erty or Any	Property That	t Needs I	mmediate /	Attention
Do you own or have any property that poses or is	☑ No						
alleged to pose a threat	Yes. Wha	at is the hazard?		·· · · · · · · · · · · · · · · · · · ·			
of imminent and identifiable hazard to							
public health or safety?			A-1514/A-1014-1-			***	
Or do you own any property that needs							
immediate attention?	lf im	mediate attention i	s needed, why	is it needed?			
For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?				Na Maria			
	Whe	ere is the property?				*****	
			Number	Street			
				· · · · · · · · · · · · · · · · · · ·			
			City			State	ZIP Code

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Debtor 1

SADE	REDDING
First Marna	Middle Name

ast Name

Case number (if known)	
------------------------	--

Part 5:

#### **Explain Your Efforts to Receive a Briefing About Credit Counseling**

certificate of completion.

15. Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again. About Debtor 1:

must check one:

Deceived a briefing from an approved credit counseling agency within the 180 days before the filed this bankruptcy petition, and I received a

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required	to receive a	briefing about
credit counseling		

Incapacity. I have a mental illness or a mental deficiency that makes me

incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me to be unable to participate in a

briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty. I am currently on active military

duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days

I am not required to receive a briefing a	about
credit counseling because of	

☐ Incapacity. I have a mental illness or a mental

deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me to be unable to participate in a

briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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Debtor	1	

SADE REDDING
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Last Name Ca:	se number (if known)
---------------	----------------------

16.	What kind of debts do you have?	16a. <b>Are your debts prima</b> as "incurred by an individ	arily consumer debts? Consumer ual primarily for a personal, family, or	r debts are defined in 11 U.S.C. § 101(8) household purpose."
	you nave!	No. Go to line 16b. Yes. Go to line 17.		
		16b. Are your debts prima money for a business or i	rily business debts? Business denvestment or through the operation o	ebts are debts that you incurred to obtain f the business or investment.
		No. Go to line 16c. Yes. Go to line 17.		
		16c. State the type of debts yo	ou owe that are not consumer debts o	r business debts.
17.	Are you filing under Chapter 7?	☐ No. I am not filing under O	Chapter 7. Go to line 18.	
	Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?	Yes. I am filing under Chap	oter 7. Do you estimate that after any	exempt property is excluded and e to distribute to unsecured creditors?
	How many creditors do you estimate that you owe?	✓ 1-49 □ 50-99 □ 100-199 □ 200-999	1,000-5,000 5,001-10,000 10,001-25,000	25,001-50,000 50,001-100,000 More than 100,000
	How much do you estimate your assets to be worth?	✓ \$0-\$50,000 □ \$50,001-\$100,000 □ \$100,001-\$500,000 □ \$500,001-\$1 million	\$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 million	□ \$500,000,001-\$1 billion □ \$1,000,000,001-\$10 billion □ \$10,000,000,001-\$50 billion □ More than \$50 billion
	How much do you estimate your liabilities to be?	✓ \$0-\$50,000  □ \$50,001-\$100,000  □ \$100,001-\$500,000  □ \$500,001-\$1 million	\$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 million	\$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion  More than \$50 billion
Pa	1179 Sign Below			
Foi	ryou	I have examined this petition, a correct.	and I declare under penalty of perjury	that the information provided is true and
				ed, if eligible, under Chapter 7, 11,12, or 13 or each chapter, and I choose to proceed
			nd I did not pay or agree to pay some and read the notice required by 11 U	one who is not an attorney to help me fill out .S.C. § 342(b).
		I request relief in accordance w	ith the chapter of title 11, United State	es Code, specified in this petition.
			ult in fines up to \$250,000, or impriso	ning money or property by fraud in connection nment for up to 20 years, or both.
		* Dare Not	Siz x	
		Signature of Debtor 1	Signa	ature of Debtor 2
		Executed on 07/06/2016	Exec	uted on MM / DD / YYYY

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	Document	Page 7 of 57	
Debtor 1 SADE REDDI First Name Middle Nar		Case number (# known)	***
For your attorney, if you are represented by one if you are not represented by an attorney, you do not need to file this page.	i, the attorney for the debtor(s) named to proceed under Chapter 7, 11, 12, o available under each chapter for which the notice required by 11 U.S.C. § 342 knowledge after an inquiry that the info	or 13 of title 11, United States Code, at the person is eligible. I also certify to 2(b) and, in a case in which § 707(b)(4) formation in the schedules filed with the	nd have explained the relief hat I have delivered to the debtor(s) (I)(D) applies, certify that I have no
	Signature of Attorney for Debtor	Date	MM / DD /YYYY
	Printed name		
	Firm name		
	Number Street		
	City	State	ZIP Code
	Contact phone	Email address	

State

Bar number

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Debtor 1

SADE R			Case number (if known)	
First Name	Middle Name	Last Name		

For you if you are filing this bankruptcy without an attorney

If you are represented by an attorney, you do not need to file this page. The law allows you, as an individual, to represent yourself in bankruptcy court, but you should understand that many people find it extremely difficult to represent themselves successfully. Because bankruptcy has long-term financial and legal consequences, you are strongly urged to hire a qualified attorney.

To be successful, you must correctly file and handle your bankruptcy case. The rules are very technical, and a mistake or inaction may affect your rights. For example, your case may be dismissed because you did not file a required document, pay a fee on time, attend a meeting or hearing, or cooperate with the court, case trustee, U.S. trustee, bankruptcy administrator, or audit firm if your case is selected for audit. If that happens, you could lose your right to file another case, or you may lose protections, including the benefit of the automatic stay.

You must list all your property and debts in the schedules that you are required to file with the court. Even if you plan to pay a particular debt outside of your bankruptcy, you must list that debt in your schedules. If you do not list a debt, the debt may not be discharged. If you do not list property or properly claim it as exempt, you may not be able to keep the property. The judge can also deny you a discharge of all your debts if you do something dishonest in your bankruptcy case, such as destroying or hiding property, falsifying records, or lying. Individual bankruptcy cases are randomly audited to determine if debtors have been accurate, truthful, and complete. Bankruptcy fraud is a serious crime; you could be fined and imprisoned.

If you decide to file without an attorney, the court expects you to follow the rules as if you had hired an attorney. The court will not treat you differently because you are filing for yourself. To be successful, you must be familiar with the United States Bankruptcy Code, the Federal Rules of Bankruptcy Procedure, and the local rules of the court in which your case is filed. You must also be familiar with any state exemption laws that apply.

Are you aware that filing for bankruptcy is a serious act consequences?  No Yes	ction with long-term financial and legal	
Are you aware that bankruptcy fraud is a serious crime inaccurate or incomplete, you could be fined or imprisor No Yes	and that if your bankruptcy forms are oned?	
Did you pay or agree to pay someone who is not an attored No  Yes. Name of Person Attach Bankruptcy Petition Preparer's Notice, Deci		?
By signing here, I acknowledge that I understand the ris have read and understood this notice, and I am aware to attorney may cause me to lose my rights or property if I	that filing a bankruptcy case without an	
Dake Rolling *	E	
Signature of Debtor 1	Signature of Debtor 2	
Date 07/06/2016 MM/ DD / YYYY	Date MM / DD / YYYY	
Contact phone 312-206-5160	Contact phone	
312-878-6774		
Cell prione	Cell phone	
Email address Sredding 20(9) gna, ). Com		
The world	Email address	

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Debtor 1	SADE REDD	ING	
	First Name	Middle Name	Last Name
Debtor 2			
(Spouse, if filing)	First Name	Middle Name	Last Name
nited States	Bankruptcy Court fo	r the: Northern District of I	llinois
Case number			

☐ Check if this is an amended filing

12/15

# Official Form 106Sum

# Summary of Your Assets and Liabilities and Certain Statistical Information

it 1: Summarize Your Assets	
	Your assets
Schoolule A/D: Departs (Official Forms 400 A/D)	Value of what you own
Schedule A/B: Property (Official Form 106A/B)  1a. Copy line 55, Total real estate, from Schedule A/B	\$\$
1b. Copy line 62, Total personal property, from Schedule A/B	\$ 500.00
1c. Copy line 63, Total of all property on Schedule A/B	s 500.00
Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)	Your liabilities Amount you owe
2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$\$
Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)  3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$\$
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	+ \$17,838.00
W. 441011	17,838.00
Your total liabi	
Your total liabi	

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		Document	Page 10 of 57	

De	ebtor 1	SADE RE	DDING Middle Name	Last Name		Case number (# known)	
P	art 4:	Answer Th	ese Questions	s for Administrati	ve and Statistical Recor	ds	
6.	Are yo	u filing for ba	nkruptcy under	Chapters 7, 11, or 1	3?		
	No.  Yes	You have not	hing to report on	this part of the form.	Check this box and submit this	s form to the court with your of	ther schedules.
7.	What ki	ind of debt do	you have?				
	<b>☑</b> You fam	ur debts are p nily, or househo	rimarily consum old purpose." 11 U	ner debts. Consumer J.S.C. § 101(8). Fill o	r debts are those "incurred by a ut lines 8-9g for statistical purp	an individual primarily for a pe poses. 28 U.S.C. § 159.	ersonal,
	You this	ar debts are note form to the co	ot primarily con urt with your othe	sumer debts. You haver schedules.	ave nothing to report on this pa	art of the form. Check this box	and submit
8.	From the Form 12	ne <i>Statement</i> 22A-1 Line 11;	of Your Current OR, Form 122B	Monthly Income: Co Line 11; OR, Form 1:	opy your total current monthly 22C-1 Line 14.	income from Official	s1,500.00

Total claim

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total Claim
From Part 4 on Schedule E/F, copy the following:	
9a. Domestic support obligations (Copy line 6a.)	\$0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	s0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$
9d. Student loans. (Copy line 6f.)	\$0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+ \$0.00
9g. <b>Total.</b> Add lines 9a through 9f.	\$0.00

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Fill in this information to identify your case and th	is filing:		
Debtor 1 SADE REDDING			
First Name Middle Name  Debtor 2	Last Name		
(Spouse, if filing) First Name Middle Name	Last Name		
United States Bankruptcy Court for the: Northern District of	f Illinois		
Case number			
		Į	Check if this is an
	*		amended filing
Official Form 106A/B			
Schedule A/B: Propert	v		12/15
In each category, separately list and describe item category where you think it fits best. Be as compl responsible for supplying correct information. If n write your name and case number (if known). Answer 11: Describe Each Residence, Building	ete and accurate as possible. If two married peop nore space is needed, attach a separate sheet to t	ole are filing together, be this form. On the top of	oth are equally
1. Do you own or have any legal or equitable interes	est in any residence, building, land, or similar pro	perty?	
₩ No. Go to Part 2.	<del>-</del> -	•	
☐ Yes. Where is the property?	180. 4 7. 7		
	What is the property? Check all that apply.  Single-family home	Do not deduct secured cl the amount of any secure	aims or exemptions. Put
1.1. Street address, if available, or other description	Duplex or multi-unit building	Creditors Who Have Clair	
attended, a cranable, of other description	Condominium or cooperative	Current value of the	Current value of the
	☐ Manufactured or mobile home ☐ Land	entire property?	portion you own?
	☐ Investment property	\$0.00	\$0.00
City State ZIP Code	Timeshare	Describe the nature	of your ownership
	☐ Other	interest (such as fee the entireties, or a lif	simple, tenancy by e estate), if known.
	Who has an interest in the property? Check one	•	
County	Debtor 1 only Debtor 2 only		
County	Debtor 1 and Debtor 2 only	Check if this is co	mmunity property
	☐ At least one of the debtors and another	(see instructions)	
	Other information you wish to add about this i	tem, such as local	
If you own or have more than one, list here:	property identification number:		
	What is the property? Check all that apply.	Do was dad at a comment at	
1.2.	Single-family home	Do not deduct secured cla the amount of any secured	d claims on Schedule D
Street address, if available, or other description	Duplex or multi-unit building  Condominium or cooperative	Creditors Who Have Clain	is Secured by Property.
	Condominium or cooperative  Manufactured or mobile home	Current value of the entire property?	Current value of the portion you own?
1, 11 to 1,	Land	s 0.00	s 0.00
	Investment property	Denosibe Aberration	
City State ZIP Code	☐ Timeshare ☐ Other	Describe the nature of interest (such as fee s	simple, tenancy by
	Who has an interest in the property? Check one.	the entireties, or a life	estate), if known.
	Debtor 1 only		
County	Debtor 2 only		
•	Debtor 1 and Debtor 2 only	Check if this is co	nmunity property
	At least one of the debtors and another	(see instructions)	- · ·
	Other information you wish to add about this ite property identification number:	m, such as local	
	property indifferential indifferenti		

Debtor 1	SADE REDDING	Document	Page 12 of 57	ber (if known)			
	First Name Middle Name Last Name		Case num	Det (ir known)			<del></del>
1.3.	Street address, if available, or other description	Single-family hor Duplex or multi-t Condominium or	unit building cooperative	the amo Credito Curre	deduct secured count of any securers Who Have Clant value of the property?	ed claims o ims Secure Curren	n Schedule D:
		Manufactured or	mobile home	o circii	0.00	portion	0.0
		Land		<b>\$</b>	0.00	\$	0.0
	City State ZIP Code	Investment prope	erty	Descri	be the nature	of vour o	wnorehin
	Side Zii Ooge	Other		interes	st (such as fee tireties, or a li	simple, t	enancy by
		Who has an interes	st in the property? Check			- Colate,	, ii kilowii.
		Debtor 1 only					
	County	Debtor 2 only					
		Debtor 1 and Deb	tor 2 only	☐ Che	eck if this is co	ommunity	property
			debtors and another		e instructions)	·	
		Other information property identifical	you wish to add about th	is item, such	as local		
Add ti	ne dollar value of the portion you own for al	of your entries from	n Part 1, including any er	ntries for page	es		0.0
you h	ave attached for Part 1. Write that number h	ere	······	pug	<del>)</del>	\$	0.0
	Describe Your Vehicles						
you o	wn, lease, or have legal or equitable interes hat someone else drives. If you lease a vehicle	, also report it on Sch	ether they are registered edule G: Executory Contre	i or not? Inclu	de any vehicle: pired Leases.	S	***************************************
you o u own t Cars,	wn, lease, or have legal or equitable interes hat someone else drives. If you lease a vehicle vans, trucks, tractors, sport utility vehicles,	, also report it on Sch	nether they are registered edule G: Executory Contre	i or not? Inclu	de any vehicle: pired Leases.	S	
you o u own t Cars,	wn, lease, or have legal or equitable interes hat someone else drives. If you lease a vehicle vans, trucks, tractors, sport utility vehicles,	, also report it on Sch	ether they are registered redule G: Executory Contra	i or not? Inclu	de any vehicle: pired Leases.	3	
you o u own t Cars,	wn, lease, or have legal or equitable interes hat someone else drives. If you lease a vehicle vans, trucks, tractors, sport utility vehicles,	, also report it on Sch	nether they are registered edule G: Executory Contra	i or not? Inclu	de any vehicle: pired Leases.	S	
you o I own t Cars, 1 No 1 Ye	wn, lease, or have legal or equitable interes hat someone else drives. If you lease a vehicle vans, trucks, tractors, sport utility vehicles,	, also report it on Sch motorcycles	edule G: Executory Contra	acts and Unexp	pired Leases.		
you o' I own t  Cars,  Ye  3.1.	wn, lease, or have legal or equitable interes hat someone else drives. If you lease a vehicle vans, trucks, tractors, sport utility vehicles, s	, also report it on <i>Sch</i> motorcycles  Who has an interes	nether they are registered nedule G: Executory Contra t in the property? Check o	ne. Do not do	oired Leases.  educt secured cla	iims or exer	Schedule D:
you on town to Cars, You Ye	wn, lease, or have legal or equitable interes hat someone else drives. If you lease a vehicle vans, trucks, tractors, sport utility vehicles, s	who has an interest	edule G: Executory Contra	ne. Do not do	oired Leases.	iims or exer	Schedule D:
you on town to Cars, You Ye	wn, lease, or have legal or equitable interes hat someone else drives. If you lease a vehicle vans, trucks, tractors, sport utility vehicles, s	who has an interes:  Debtor 1 only Debtor 2 only	edule G: Executory Contra	ine. Do not de the amou Creditors	oired Leases.  educt secured cla	iims or exer 1 claims on 1s Secured	Schedule D: by Property.
you o own t Cars, No D Ye	wn, lease, or have legal or equitable interes hat someone else drives. If you lease a vehicle vans, trucks, tractors, sport utility vehicles, s	who has an interest	t in the property? Check o	ne. Do not de the amou. Creditors	oired Leases. educt secured cla unt of any secured Who Have Clain	ilms or exer 1 claims on ns Secured Current	Schedule D: by Property.
Cars, Ve	wn, lease, or have legal or equitable interes hat someone else drives. If you lease a vehicle vans, trucks, tractors, sport utility vehicles, s  Make:  Model:  Year:  Approximate mileage:  Other information:	who has an interest  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 1 and Debtor 1	t in the property? Check o	ne. Do not de the amou. Creditors	educt secured cla ant of any secure who Have Clain t value of the property?	iims or exer 1 claims on 1s Secured Current portion	Schedule D: by Property. value of the you own?
you o e own t Cars, ' ' No Ye 3.1.	wn, lease, or have legal or equitable interes hat someone else drives. If you lease a vehicle vans, trucks, tractors, sport utility vehicles, s  Make:  Model:  Year:  Approximate mileage:  Other information:	who has an interest  Debtor 1 only Debtor 2 only Debtor 1 and Debtor At least one of the	t in the property? Check o	ne. Do not de the amou. Creditors	educt secured cla unt of any secured is Who Have Clain	ilms or exer 1 claims on ns Secured Current	Schedule D: by Property. value of the you own?
you ou cu own the Cars, 12 No. 12 Ye	wn, lease, or have legal or equitable interes hat someone else drives. If you lease a vehicle vans, trucks, tractors, sport utility vehicles, s  Make:  Model:  Year:  Approximate mileage:  Other information:	who has an interest Debtor 1 only Debtor 2 only Debtor 1 and Debtor At least one of the	t in the property? Check o	ine. Do not de the amou Creditors Current entire p	educt secured cla ant of any secure who Have Clain t value of the property?	iims or exer 1 claims on 1s Secured Current portion	Schedule D: by Property. value of the
you on a count own to	wn, lease, or have legal or equitable interes hat someone else drives. If you lease a vehicle vans, trucks, tractors, sport utility vehicles, s  Make:  Model:  Year:  Approximate mileage:  Other information:	who has an interest Debtor 1 only Debtor 2 only Debtor 1 and Debtor At least one of the  Check if this is constructions)	t in the property? Check o	ne. Do not de the amou Creditors  Current entire p	educt secured cla ant of any secured who Have Clain t value of the property?	ims or exert claims on as Secured  Current portion	Schedule D: by Property. value of the you own?
you o i own to Cars, You No Ye 3.1.	wn, lease, or have legal or equitable interes hat someone else drives. If you lease a vehicle vans, trucks, tractors, sport utility vehicles, s  Make:  Model:  Year:  Approximate mileage:  Other information:	who has an interest Debtor 1 only Debtor 2 only At least one of the Check if this is a instructions) Who has an interest	t in the property? Check of 2 only debtors and another community property (see	ne. Do not de the amou	educt secured claunt of any secured: Who Have Clain troperty?  0.00	ims or exert claims on exert portion  \$	Schedule D: by Property.  value of the you own?  0.00
you or own to come to	wn, lease, or have legal or equitable interes hat someone else drives. If you lease a vehicle vans, trucks, tractors, sport utility vehicles, s  Make:  Model:  Year:  Approximate mileage:  Other information:  Dwn or have more than one, describe here:  Make:  Model:	who has an interest Debtor 1 only Debtor 2 only Debtor 1 and Debtor At least one of the  Check if this is constructions)	t in the property? Check of 2 only debtors and another community property (see	ne. Do not de the amou	educt secured cla unt of any secured who Have Clain t value of the troperty?	ims or exert claims on exert portion  \$	Schedule D: by Property.  value of the you own?  0.00
you of cown to cown to cown to cown to cown to compare the compare	wn, lease, or have legal or equitable interes hat someone else drives. If you lease a vehicle vans, trucks, tractors, sport utility vehicles, s  Make:  Model:  Year:  Approximate mileage:  Other information:	who has an interest Debtor 1 only Debtor 2 only Debtor 1 and Debtor At least one of the Check if this is constructions)  Who has an interest Debtor 1 only Debtor 2 only	t in the property? Check of 2 only debtors and another community property (see	ne. Do not de the amou Creditors  Do not de the amou Creditors  Do not de the amou Creditors  Current  Current  Current	educt secured claim to fany secure of the property?  0.00  educt secured claim to fany secured claim to fany secured who Have Claim value of the value of the	ims or exert claims on secured  Current portion  \$	Schedule D: by Property.  value of the you own?  0.00  nptions. Put Schedule D: by Property.  value of the
you on town to Cars, No Ye 3.1.	wn, lease, or have legal or equitable interes hat someone else drives. If you lease a vehicle vans, trucks, tractors, sport utility vehicles, s  Make:  Model:  Year:  Approximate mileage:  Other information:  Dwn or have more than one, describe here:  Make:  Model:  Year:	who has an interest Debtor 1 only Debtor 2 only Debtor 1 and Debtor At least one of the Check if this is coinstructions)  Who has an interest Debtor 1 only	t in the property? Check of 2 only debtors and another community property (see	ne. Do not de the amou Creditors  Do not de the amou Creditors  Do not de the amou Creditors  Current  Current  Current	educt secured cla ant of any secured who Have Clain t value of the property?  0.00	ims or exert claims on secured  Current portion  \$	Schedule D: by Property.  value of the you own?  0.00  nptions. Put Schedule D: by Property.
you of lown to Cars, Ye Ye 3.1.	wn, lease, or have legal or equitable interes hat someone else drives. If you lease a vehicle vans, trucks, tractors, sport utility vehicles, s  Make:  Model:  Year:  Approximate mileage:  Other information:  Dwn or have more than one, describe here:  Make:  Model:  Year:	who has an interest Debtor 1 only Debtor 2 only Debtor 1 and Debtor At least one of the Check if this is constructions)  Who has an interest Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 1 and Debtor	t in the property? Check of 2 only debtors and another community property (see	ne. Do not de the amou Creditors  Do not de the amou Creditors  Do not de the amou Creditors  Current  Current  Current	educt secured clain to fany secured the property?  0.00  educt secured clain to fany secured the property?  walue of the property?	ims or exert claims on secured  Current portion  \$	Schedule D: by Property.  value of the you own?  0.00  nptions. Put Schedule D: by Property.  value of the you own?
U own t Cars, No Ye 3.1.	wn, lease, or have legal or equitable interes hat someone else drives. If you lease a vehicle vans, trucks, tractors, sport utility vehicles, s  Make:  Model:  Year:  Approximate mileage:  Other information:  Make:  Model:  Year:  Approximate mileage:  Other information:	who has an interest Debtor 1 only Debtor 2 only At least one of the Check if this is a instructions)  Who has an interest Debtor 1 only Debtor 2 only At least one of the one of	t in the property? Check of 2 only debtors and another community property (see	ne. Do not de the amou Creditors  Do not de the amou Creditors  Do not de the amou Creditors  Current  Current  Current	educt secured claim to fany secure of the property?  0.00  educt secured claim to fany secured claim to fany secured who Have Claim value of the value of the	ims or exert claims on secured  Current portion  \$	Schedule D: by Property.  value of the you own?  0.00  nptions. Put Schedule D: by Property.  value of the

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Debtor 1			Case number (if known)	
	First Name Middle Name	Last Name	· · · · · · · · · · · · · · · · · · ·	~~~~

3.3.	Make:	Do not deduct secured claims or exemptions. Put				
	Model:	Debtor 1 only	the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.			
	Year:	Debtor 2 only				
	Debtor 1 and Debtor 2 only		Current value of the entire property?	Current value of the portion you own?		
	Approximate mileage:	At least one of the debtors and another	entire property:	portion you own:		
	Other information:		s 0.00	c 0.00		
		☐ Check if this is community property (see instructions)	5	\$		
3.4.	Make:	Who has an interest in the property? Check one.		taims or exemptions. Put		
	Model:	Debtor 1 only		ed claims on Schedule D: ims Secured by Property.		
	Year:	Debtor 2 only		· , •		
	Approximate mileage:	Debtor 1 and Debtor 2 only	Current value of the entire property?	Current value of the portion you own?		
	-	At least one of the debtors and another	<b>,,,,</b>	portion you own.		
	Other information:	Check if this is community property (see instructions)	\$0.00	\$		
□ N □ Y		Who has an interest in the property? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another	Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.  Current value of the entire property?  Current value of the portion you own?			
		Check if this is community property (see instructions)	\$0.00	\$0.00		
-	own or have more than one, list her	re:  Who has an interest in the property? Check one.				
4.2.	Make:	Debtor 1 only	Do not deduct secured cla the amount of any secure Creditors Who Have Clain	d claims on Schedule D:		
	Year:	Debtor 2 only				
		Debtor 1 and Debtor 2 only	Current value of the entire property?	Current value of the portion you own?		
	Other information:	At least one of the debtors and another	The property i	portion jou one.		
		☐ Check if this is community property (see instructions)	\$	\$0.00		
Add ti you h	he dollar value of the portion you ave attached for Part 2. Write that	own for all of your entries from Part 2, including any entries	for pages	\$0.00		
			<u> </u>			

4.

page 3

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Debtor 1

SADE REDDING

ast Name

Doc 1

Case number (if known)

Part 3: **Describe Your Personal and Household Items** Current value of the Do you own or have any legal or equitable interest in any of the following items? portion you own? Do not deduct secured claims or exemptions. 6. Household goods and furnishings Examples: Major appliances, furniture, linens, china, kitchenware Z No Yes. Describe...... 0.007. Electronics Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games No No Yes. Describe...... 0.00 8. Collectibles of value Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles 2 No Yes. Describe...... 0.00 9. Equipment for sports and hobbies Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments No ☐ Yes. Describe...... 0.00 10 Firearms Examples: Pistols, rifles, shotguns, ammunition, and related equipment 2 No ☐ Yes. Describe...... 0.00 11. Clothes Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories ☐ No Yes. Describe..... 500.00 12. Jewelry Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver 2 No Yes. Describe..... 0.00 13. Non-farm animals Examples: Dogs, cats, birds, horses No Yes. Describe..... 0.00 14. Any other personal and household items you did not already list, including any health aids you did not list No Yes. Give specific 0.00 information..... 15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached 500.00 for Part 3. Write that number here

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Debtor 1

SADE REDDING First Name Middle Name

Case number (if known)

Part 4: **Describe Your Financial Assets** Do you own or have any legal or equitable interest in any of the following? Current value of the portion you own? Do not deduct secured claims or exemptions. 16. Cash Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition ☐ No ☑ Yes..... 73.00 Cash: ..... \$ 17. Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. Z No ☐ Yes..... Institution name: 17.1. Checking account: 0.00 17.2. Checking account: 0.00 17.3. Savings account: 0.00 17.4. Savings account: 0.00 17.5. Certificates of deposit: 0.00 17.6. Other financial account: 0.00 17.7. Other financial account: 0.00 17.8. Other financial account: 0.00 17.9. Other financial account: 0.00 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts ZÍ No ☐ Yes..... Institution or issuer name: 0.00 0.00 0.00 19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture Z No Name of entity: % of ownership: ☐ Yes. Give specific

information about

them.....

0.00

0.00

0.00

0%

0%

0%

%

%

%

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Debtor	1	

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- 1	act	м	am.

Case number (if known)

Non-negotiable instrur	nents are those you o	ecks, cashiers' checks, promissory notes, and money orders. cannot transfer to someone by signing or delivering them.		
<ul><li>✓ No</li><li>☐ Yes. Give specific information about</li></ul>	Issuer name:			
them	***************************************		\$	0.00
	1-0-1	The state of the s	\$	0.00
			\$	0.00
21. Retirement or pension	n accounts			
	IRA, ERISA, Keogh,	401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans		
☑ No				
Yes. List each account separately.	. Type of account:	Institution name:		
	401(k) or similar plan	•	\$	0.00
	Pension plan:		Ψ	0.00
	IRA:		\$	
			\$	0.00
	Retirement account:		\$	0.00
	Keogh:		\$	0.00
	Additional account:		\$	0.00
	Additional account:		\$	0.00
Examples: Agreements companies, or others  No Yes	In Electric:	id rent, public utilities (electric, gas, water), telecommunications	\$	0.00
	Gas:	The state of the s	\$	0.00
	1340		•	
	Heating oil:	And and 2	Ψ	0.00
	Security deposit on rea	ntal unit:	\$	0.00
	Security deposit on rei		\$ \$	0.00
	Security deposit on rel Prepaid rent: Telephone:	ntal unit:	\$\$ \$\$	0.00 0.00 0.00
	Security deposit on rei Prepaid rent: Telephone: Water:	ntal unit:	\$\$ \$\$ \$\$	0.00 0.00 0.00 0.00
	Security deposit on rei Prepaid rent: Telephone: Water: Rented furniture:	ntal unit:	\$\$ \$\$ \$\$	0.00 0.00 0.00 0.00 0.00
	Security deposit on rei Prepaid rent: Telephone: Water:	ntal unit:	\$\$ \$\$ \$\$	0.00 0.00 0.00 0.00
23. <b>Annuities</b> (A contract for	Security deposit on rei Prepaid rent: Telephone: Water: Rented furniture: Other:	ntal unit:	\$\$ \$\$ \$\$	0.00 0.00 0.00 0.00 0.00
23. <b>Annuities</b> (A contract for <b>☑</b> No	Security deposit on rei Prepaid rent: Telephone: Water: Rented furniture: Other:	ntal unit:	\$\$ \$\$ \$\$ \$\$	0.00 0.00 0.00 0.00 0.00
	Security deposit on rei Prepaid rent: Telephone: Water: Rented furniture: Other:	of money to you, either for life or for a number of years)	\$\$ \$\$ \$\$ \$\$	0.00 0.00 0.00 0.00 0.00
2 No	Security deposit on rei Prepaid rent: Telephone: Water: Rented furniture: Other:	of money to you, either for life or for a number of years)	\$\$ \$\$ \$\$	0.00 0.00 0.00 0.00 0.00
2 No	Security deposit on rei Prepaid rent: Telephone: Water: Rented furniture: Other:	of money to you, either for life or for a number of years)	\$\$ \$\$ \$\$ \$\$	0.00 0.00 0.00 0.00 0.00

23.

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Case number (if known)\_

SADE REDDING Debtor 1

Middle Name

24.1	mtavaata in an adaastis - ID t	. t				
24.1	nterests in an education iRA 26 U.S.C. §§ 530(b)(1), 529A(	A, i <b>n an account in a qualifie</b> b), and 529(b)(1).	d ABLE program, or under a qualifie	d state tuition program	l.	
	☑ No					
1	<b>Yes</b>	Institution name and descrip	tion. Separately file the records of any i	nterests 11 II C C S F21	1(a):	
			dorn departurely me the records of any f	meresis. 11 0.5.6. 3 52	i(C).	
		0.00			_ \$	0.00
		0.00			- \$	0.00
					- \$	0.00
25. <b>T</b>	rusts, equitable or future in exercisable for your benefit	terests in property (other th	an anything listed in line 1), and righ	ts or powers		
(	ZÍ No					
(	Yes. Give specific	South the second of the second			****	
	information about them				\$	0.00
26. <b>F</b>	Patents, copyrights, tradema Examples: Internet domain nan	irks, trade secrets, and othe	r intellectual property royalties and licensing agreements		•••••	
	2 No		, and a second second			
Ç	Yes. Give specific					
	information about them				\$	0.00
E	icenses, franchises, and oth Examples: Building permits, ex	ner general intangibles clusive licenses, cooperative a	association holdings, liquor licenses, pro	ofessional licenses		
	Yes. Give specific	e e e e e e e e e e e e e e e e e e e				
	information about them				· : \$	0.00
			ta t		v	
Mon	ey or property owed to you?	•				nt value of the
						n you own? deduct secured
						or exemptions.
	x refunds owed to you					
	No		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	***		
<b>L</b>	Yes. Give specific information about them, including was about them.			Federal:	\$	0.00
	you already filed the re	tums		State:	\$	0.00
	and the tax years			Local:	\$	0.00
29. <b>F</b> a	mily support					
		n alimony, spousal support, cl	hild support, maintenance, divorce settle	ement, property settleme	ent	
	No					
	Yes. Give specific information	on				2.22
				Alimony:	\$	0.00
				Maintenance:	\$	0.00
				Support:	\$	0.00
				Divorce settlement:	\$	0.00
<del>-</del>				Property settlement:	\$	0.00
30. Ot	her amounts someone owes amples: Unpaid wages, disable	s you ility insurance naumonto disce	bility benefits, sick pay, vacation pay, w			
	Social Security benef	fits; unpaid loans you made to	someone else	rorkers compensation,		
	No					
	Yes. Give specific information	n				
					\$	0.00

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Debtor 1

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3	Interests in insurance policies     Examples: Health, disability, or life insuran	nce; health savings account (HSA);	credit, homeowner's, or renter's insurance		
	2 No				
	Yes. Name the insurance company of each policy and list its value	Company name:	Beneficiary:	Surrende	er or refund value:
				\$	0.00
		****		\$	0.00
				<u> </u>	0.00
3;	<ol> <li>Any interest in property that is due you if you are the beneficiary of a living trust, exproperty because someone has died.</li> <li>No</li> </ol>	xpect proceeds from a life insuranc			
	☐ Yes. Give specific information				0.00
					0.00
33	<ul> <li>Claims against third parties, whether or Examples: Accidents, employment disputes</li> <li>No</li> </ul>	not you have filed a lawsuit or m s, insurance claims, or rights to sue	nade a demand for payment		
	Yes. Describe each claim			:	0.00
34	Other contingent and unliquidated claims to set off claims		-	• • • • • • • • • • • • • • • • • • •	
	Yes. Describe each claim.			-	0.00
35	Any financial assets you did not already  No  Yes. Give specific information			· · · · · · · · · · · · · · · · · · ·	0.00
36	Add the dollar value of all of your entries for Part 4. Write that number here	from Part 4, including any entrie	es for pages you have attached	\$	73.00
Pa	rt 5: Describe Any Business-R	elated Property You Own	or Have an Interest In. List an	y real estate	e in Part 1.
37.	Do you own or have any legal or equitable	e interest in any business-related	d property?		
	No. Go to Part 6.				
	Yes. Go to line 38.				
					own?
20	Accounts reachable as a service to	atas autorous A		or exemptions	5.
	Accounts receivable or commissions you  No	aiready earned			
	Yes. Describe				
				\$	0.00
39.	Office equipment, furnishings, and suppli	ies			
	Examples: Business-related computers, software, r	modems, printers, copiers, fax machines	s, rugs, telephones, desks, chairs, electronic device	æs	
	☑ No			t a sec	
	Yes. Describe			\$	0.00

Case 16-28310 Doc 1 Filed 09/02/16 Entered 09/02/16 10:07:31 Document Page 19 of 57 SADE REDDING Debtor 1 Case number (if known) 40. Machinery, fixtures, equipment, supplies you use in business, and tools of your trade M No Yes. Describe...... 0.00 41. Inventory M No Yes. Describe...... 0.00 42. Interests in partnerships or joint ventures Mo No Yes. Describe...... Name of entity: % of ownership: 0.00 0.00 \_% 0.00 43. Customer lists, mailing lists, or other compilations ☑ No Yes. Do your lists include personally identifiable information (as defined in 11 U.S.C. § 101(41A))? Yes. Describe...... 0.00 44. Any business-related property you did not already list Mo No Yes. Give specific 0.00 information ...... 0.00 0.00 0.00 0.00 0.00 45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached 0.00 for Part 5. Write that number here Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1.

Part 6:

Ngagita dan 440			
-	own or have any legal or equitable interest in any farm- or commercial fishing-related property?		
	Go to Part 7.		
<b>↓</b> Yes	s. Go to line 47.		
		Current value of the portion you own?	
		Do not deduct secured cl or exemptions.	aims
47. Farm a	nimals		
Examp	les: Livestock, poultry, farm-raised fish		
☑ No			
☐ Yes			
		\$	0.00

Case 16-28310 Doc 1 Filed 09/02/16 Entered 09/02/16 10:07:31 Document Page 20 of 57 SADE REDDING Debtor 1 Case number (it known) First Name Last Name 48. Crops—either growing or harvested Z No Yes. Give specific 0.00 information..... 49 Farm and fishing equipment, implements, machinery, fixtures, and tools of trade V No ☐ Yes..... 0.00 50. Farm and fishing supplies, chemicals, and feed Z No ☐ Yes..... 0.00 51. Any farm- and commercial fishing-related property you did not already list Z No ☐ Yes. Give specific 0.00 information..... 52. Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached 0.00 for Part 6. Write that number here Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above 53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership Z No 0.00 ☐ Yes. Give specific 0.00 information..... 0.00 0.00 54 Add the dollar value of all of your entries from Part 7. Write that number here Part 8: List the Totals of Each Part of this Form 0.00 55. Part 1: Total real estate, line 2 0.00 56. Part 2: Total vehicles, line 5 500.00 57. Part 3: Total personal and household items, line 15 73.00 58. Part 4: Total financial assets, line 36 0.00 59. Part 5: Total business-related property, line 45 0.00 60. Part 6: Total farm- and fishing-related property, line 52

61. Part 7: Total other property not listed, line 54

62. Total personal property. Add lines 56 through 61. .....

63. Total of all property on Schedule A/B. Add line 55 + line 62.

0.00

573.00

Copy personal property total -> +\$

573.00

573.00

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Fill in t	this info	ormation	to identify yo	ur case:									
Debtor	'		EDDING										
Debtor	2 _	irst Name		Middle Name		Last Name							
	iffiling) f			Middle Name	4 _6 10::_	Last Name							
		inkruptcy C	ourt for the: No	mem Distric	t of Illinois							D object	of Marine to the second
Case no (If know)													if this is ar ded filing
Offici	al Fo	orm 1	06C										
Sch	edi	ule (	ን: The	Prop	erty	You	Claim	as	Exem	pt			04/16
Using the space is	e proper needed	ty you list , fill out ar	ed on Schedu	<i>lle A/B: Prope</i> is page as m	erty (Official	Form 106	gether, both an A/B) as your so I <i>dditional Pag</i> e	urce, lis	t the property	that yo	u claim as e	exempt. If m	ore
specific of any a retireme limits th	dollar a pplicab nt fund e exem	nmount a le statuto s—may b ption to a	s exempt. Alt ery limit. Som se unlimited i	ernatively, y e exemptior n dollar amo ollar amount	ou may classuch as sunt. Howe and the va	nim the ful s those for ver, if you	amount of the I fair market va r health aids, r claim an exen property is de	alue of t ights to aption o	the property I receive cert of 100% of fai	being ain be r mark	exempted unefits, and et value un	p to the an tax-exempt der a law t	nount : hat
Part 1	lde	entify the	e Property	You Claim	as Exemp	ot							
<u> </u>	You are You are	claiming	state and fede federal exemp	eral nonbanki otions. 11 U.	ruptcy exem S.C. § 522(I	nptions. 11 o)(2)	f your spouse is U.S.C. § 522(b pt, fill in the in	)(3)	·				
			the property a sts this prope		Current val		Amount of th	ne exem	ption you clai	m	Specific law	s that allow	exemption
					Copy the va Schedule A		Check only or	ne box fo	or each exempt	tion.			
Brie des	ef cription:	<u>MC</u>	NEY ON H	IAND	\$ <u>73.00</u>		\$ 73.00	)	_				
	e from nedule A	/B:	<del></del>						ket value, up t tatutory limit	to 		· · · · · · · · · · · · · · · · · · ·	
Brie des	ef cription:	CL	OTHING	· · · · · · · · · · · · · · · · · · ·	\$ <u>500.00</u>		□ \$ <u>500.0</u>	00	-				
	e from nedule A	/B:	<del></del>						ket value, up t tatutory limit				
Brie des	f cription:				\$		<u>_</u> \$						
	e from ledule A	/B:	<del></del>						ket value, up t atutory limit	o 	***************************************		
	-	-	nomestead ex	-									
<b>2</b>	No	i you acqu					s filed on or aft		Ť				

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Document

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Debtor 1

SADE REDDING

Last Name

Case number (if known)\_

	n of the property and line B that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
		Copy the value from Schedule A/B	Check only one box for each exemption	
Brief description:		\$	<b></b>	
Line from Schedule A/B:			☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:		\$	<b>□</b> \$	
Line from Schedule A/B:			☐ 100% of fair market value, up to any applicable statutory limit	***************************************
Brief description:		\$	<b>□</b> \$	
ine from Schedule A/B:	<del></del>		☐ 100% of fair market value, up to any applicable statutory limit	
Brief escription:		\$	<u> </u>	
ine from Schedule A/B:			☐ 100% of fair market value, up to any applicable statutory limit	
rief escription: -		\$	<b>Q</b> \$	
ine from Schedule A/B:	Professional and Associated Section 1997		☐ 100% of fair market value, up to any applicable statutory limit	
Brief lescription:		\$	□ s	
ne from chedule A/B:			☐ 100% of fair market value, up to any applicable statutory limit	
rief escription: •		\$	<b>□</b> \$	
ne from chedule A/B:			☐ 100% of fair market value, up to any applicable statutory limit	
rief escription: -		\$	<b>□</b> \$	
ne from chedule A/B: -	<del></del>		☐ 100% of fair market value, up to any applicable statutory limit	
rief escription: -	· · · · · · · · · · · · · · · · · · ·	\$	<b>-</b> \$	
ine from chedule A/B:			☐ 100% of fair market value, up to any applicable statutory limit	***************************************
Brief lescription: -	***************************************	\$	<b>□</b> \$	
ine from Schedule A/B:	ANTONIO PARAMENTAL PROPERTY AND ANTONIO PROPERTY		☐ 100% of fair market value, up to any applicable statutory limit	The state of the s
rief escription: -		\$	<b></b>	
ne from chedule A/B: -			☐ 100% of fair market value, up to any applicable statutory limit	
Brief escription: -		\$	<b>\$</b>	

Line from

Schedule A/B:

☐ 100% of fair market value, up to

any applicable statutory limit

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	Document 1 age 25 of 57			
Fill in this information to identify your ca	ise:			
Debtor 1 SADE REDDING				
Beblei ?	Name Last Name			
Debtor 2 (Spouse, if filing) First Name Middle	: Name Last Name			
· ·				
United States Bankruptcy Court for the: Northern	n District of Illinois			
Case number (If known)			Check i	f this is an
			amende	ed filing
000 100				
Official Form 106D				
Schedule D: Creditor	rs Who Have Claims Secur	ed by Prope	rty	12/15
Be as complete and accurate as possible	. If two married people are filing together, both are ed	ually responsible for s	upplying correct	
information. If more space is needed, cop additional pages, write your name and ca	by the Additional Page, fill it out, number the entries,	and attach it to this for	m. On the top of	any
additional pages, write your name and ca	ise number (ii known).			
1. Do any creditors have claims secured	by your property?			
	rm to the court with your other schedules. You have noth	ng else to report on this	form.	
Yes. Fill in all of the information below				
Part 1: List All Secured Claims				
		Column A Co	lumn B	Column C
	more than one secured claim, list the creditor separately has a particular claim, list the other creditors in Part 2.		alue of collateral	Unsecured
	habetical order according to the creditor's name.		at supports this aim	portion If any
2.1	•	value of contactur.	Éire sa ar ar theiri.	n any
2.1	Describe the property that secures the claim:	\$\$_	;	B
Creditor's Name				
Number Street				
. Tainbo	As of the date you file, the claim is: Check all that apply.	!		
4-4	Contingent			
	Unliquidated			
City State ZIP Code	☐ Disputed			
Who owes the debt? Check one.	Nature of lien. Check all that apply.			
Debtor 1 only	An agreement you made (such as mortgage or secured			
Debtor 2 only	car loan)			
Debtor 1 and Debtor 2 only  At least one of the debtors and another	☐ Statutory lien (such as tax lien, mechanic's lien) ☐ Judgment lien from a lawsuit			
_	Other (including a right to offset)			
☐ Check if this claim relates to a community debt	· · · · · · · · · · · · · · · · · · ·			
Date debt was incurred	Last 4 digits of account number			
2.2	Describe the property that secures the claim:	¢ •		*.*
Creditor's Name		·	***************************************	<del></del>
Number Street				
	As of the date you file, the claim is: Check all that apply.			
	Contingent Unliquidated			
City State ZIP Code	Disputed			
Who owes the debt? Check one.	Nature of lien. Check all that apply.			
Debtor 1 only	An agreement you made (such as mortgage or secured			
Debtor 2 only	car loan)			
Debtor 1 and Debtor 2 only	Statutory lien (such as tax lien, mechanic's lien)			
At least one of the debtors and another	Judgment lien from a lawsuit  Other (including a right to offset)			
Check if this claim relates to a	Cities (including a right to onset)	-		
community debt	A mad A Matter of the Co			
Date debt was incurred	Last 4 digits of account number			
Add the dollar value of your entries in	Column A on this page. Write that number here:	\$		

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Debtor 1	SADE REDDING	Document Page 24 of 57	mhar (w		
Dapior 1	First Name Middle Name	Last Name	mber (if known)	the state of the s	······
Part 1:	Additional Page After listing any entries on this by 2.4, and so forth.	s page, number them beginning with 2.3, followed	Column A  Amount of claim  Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
L		Describe the property that secures the claim:	\$	\$	\$
Creditor	s Name		"		
Number	Street	As of the date was file the string in Oberlands which			
		<ul> <li>As of the date you file, the claim is: Check all that apply.</li> <li>Contingent</li> </ul>			
City	State ZIP Code	Unliquidated			
		☐ Disputed			
Who owe	es the debt? Check one.	Nature of lien. Check all that apply.			
☐ Debto	or 1 only	An agreement you made (such as mortgage or secured			
Debto	or 2 only	car loan)			
·	or 1 and Debtor 2 only	Statutory lien (such as tax lien, mechanic's lien)			
<b>∟</b> At lea	ast one of the debtors and another	Judgment lien from a lawsuit			
	ck if this claim relates to a munity debt	Other (including a right to offset)	•		
Date deb	ot was incurred	Last 4 digits of account number			
		Describe the property that secures the claim:	\$	\$	8
Creditor's	s Name	_	1		***************************************
Number	Street	_			
Number	Street	An of the date was file the along in Oberland II that and	i ui		
		As of the date you file, the claim is: Check all that apply.  — Contingent			
		Contingent Unliquidated			
City	State ZIP Code	Disputed			
Who owe	es the debt? Check one.	,			
Debto		Nature of lien. Check all that apply.			
	or 2 only	An agreement you made (such as mortgage or secured			
_	or 1 and Debtor 2 only	car loan)  Statutory lien (such as tax lien, mechanic's lien)			
-	est one of the debtors and another	Judgment lien from a lawsuit			
По		Other (including a right to offset)			
	k if this claim relates to a nunity debt		•		
	t was incurred	Last 4 digits of account number			
		Describe the property that secures the claim:			
Creditor's	Name	Describe the property that secures the claim.	Ф	3	
Number	Street	•• ·			
		As of the date you file the plain in Charles I that and			
******		<ul> <li>As of the date you file, the claim is: Check all that apply.</li> <li>Contingent</li> </ul>			
City	State ZIP Code	Unliquidated			
Olly	Oldre Z# Odde	Disputed			
Who owe	s the debt? Check one.	Nature of lien. Check all that apply.			
Debto:					
Debtoi		<ul> <li>An agreement you made (such as mortgage or secured car loan)</li> </ul>			
	r 1 and Debtor 2 only	Statutory lien (such as tax lien, mechanic's lien)			
	st one of the debtors and another	Judgment lien from a lawsuit			
		Other (including a right to offset)			
comm	k if this claim relates to a nunity debt				
Date debt	t was incurred	Last 4 digits of account number			
Ad	ld the dollar value of your entrie	s in Column A on this page. Write that number here:	\$		

Write that number here:

If this is the last page of your form, add the dollar value totals from all pages.

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SADE REDDING		
OADE REDDING		Case number (# known)
First Name Middle Name	Lact Name	(5 (5) (5) (5) (5)

U	se this page	only if you have oth	ers to be notified about	vour bankruptcy fo	or a debt that you already listed in Part 1. For example, if a collection
a;	gency is tryi ou have moi	ing to collect from yo re than one creditor f	ou for a debt you owe to	someone else, list : you listed in Part 1.	the creditor in Part 1, and then list the collection agency here. Similarly, if , list the additional creditors here. If you do not have additional persons to
					On which line in Part 1 did you enter the creditor?
	Name		**************************************		Last 4 digits of account number
	Number	Street		<del> </del>	
	Air.				
	City		State	ZIP Code	
	Nome				On which line in Part 1 did you enter the creditor?
	Name				Last 4 digits of account number
	Number	Street			_
	****				
	City	The state of the s	State	ZIP Code	_
	,		Ų.	211 0000	On which the in Day of A thin was a second of the or
	Name				On which line in Part 1 did you enter the creditor?  Last 4 digits of account number
					Last 4 digits of account fluinder
	Number	Street			
					_
	City		State	ZIP Code	<del></del>
	·				On which line in Part 4 did you agree the available
	Name			*************	On which line in Part 1 did you enter the creditor?  Last 4 digits of account number
	Number	Street			
		***************************************			_
	City		State	ZIP Code	_
7					On which line in Part 1 did you enter the creditor?
1	Name				Last 4 digits of account number
	Number	Street			-
			· · · · · · · · · · · · · · · · · · ·		<u>.</u>
	City		State	ZIP Code	<b></b>
					On which line in Part 1 did you enter the creditor?
	Name			,	Last 4 digits of account number
		****			
	Number	Street			
					•

City

ZIP Code

State

Case 16-28310 Doc 1 Filed 09/02/16 Entered 09/02/16 10:07:31 Document Page 26 of 57 Fill in this information to identify your case: SADE REDDING Debtor 1 First Name Middle Name Debtor 2 (Spouse, if filing) First Name Middle Name Last Name United States Bankruptcy Court for the: Northern District of Illinois Check if this is an Case number amended filing (if known) Official Form 106E/F Schedule E/F: Creditors Who Have Unsecured Claims 12/15 Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known). List All of Your PRIORITY Unsecured Claims 1. Do any creditors have priority unsecured claims against you? No. Go to Part 2. T Yes. 2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. (For an explanation of each type of claim, see the instructions for this form in the instruction booklet.) Total claim Nonpriority amount amount Last 4 digits of account number When was the debt incurred? Number Street As of the date you file, the claim is: Check all that apply Contingent ZIP Code Unliquidated Who incurred the debt? Check one. Disputed Debtor 1 only Debtor 2 only Type of PRIORITY unsecured claim: Debtor 1 and Debtor 2 only Domestic support obligations At least one of the debtors and another Taxes and certain other debts you owe the government Check if this claim is for a community debt Claims for death or personal injury while you were intoxicated Is the claim subject to offset? Other, Specify No No Yes 2.2 Last 4 digits of account number Priority Creditor's Name When was the debt incurred? Number Street As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Who incurred the debt? Check one. Debtor 1 only Type of PRIORITY unsecured claim: Debtor 2 only Domestic support obligations Debtor 1 and Debtor 2 only Taxes and certain other debts you owe the government At least one of the debtors and another Claims for death or personal injury while you were ☐ Check if this claim is for a community debt intoxicated Is the claim subject to offset? Other. Specify

No Yes

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□ No □ Yes    Priority Creditor's Name   Last 4 digits of account number	r listing any entries on this page, number the	m beginning with 2.3, followed by 2.4, and so forth.	Total claim	Priority amount	Nonprio amount
When was the debt incurred?  As of the date you file, the claim is: Check all that apply.  Contingent Unique date of the debt of content of the debt o		Last 4 digits of account number	\$	. \$	\$
As of the date you file, the claim is: Check all that apply.    Contingent   Contin	Priority Creditor's Name	18than was the dalet in our 10			
City State 2P Cose  Who incurred the debt? Check one.    Debtor 1 only   Debtor 2 only   Debtor 3 only   Debtor 4 only   Debtor 5 only   Debtor 6 only   Debtor 7 only   Debtor 7 only   Debtor 7 only   Debtor 6 only   Debtor 8 only   Debtor 8 only   Debtor 8 only   Debtor 9 only   Debtor 1 only   Debtor 2 only   Debtor 1 only   Debtor 1 only   Debtor 2 only   Debtor 2 only   Debtor 2 only   Debtor 6 only   Debtor 7 only   Debtor 6 only   Debtor 6 only   Debtor 6 only   Debtor 7 only   Debtor 6 only   Debtor 7 only   Debtor 6 only   Debtor 7 only   Debtor 6 only   Debtor 6 only   Debtor 6 only   Debtor 7 only   Debtor 7 only   Debtor 8 only 6 o	Number Street	when was the debt incurred?			
Check if this claim is for a community debt   Check one.   Check if this claim is for a community debt   Check one.   Check if this claim is for a community debt   Check if this claim is for a community debt   Check if this claim is for a community debt   Check if this claim is for a community debt   Check if this claim is for a community debt   Check if this claim is for a community debt   Check if this claim is for a community debt   Check if this claim is check one.   Check if this claim is check one.   Check if this claim is check one.   Check if this claim is for a community debt   Check one.   Check if this claim is for a community debt   Check if th		As of the date you file, the claim is: Check all that apply.			
Who incurred the debt? Check one.  Disputed  Type of PRIORITY unsecured claim:  Debtor 1 and Debtor 2 only  At least one of the debtors and another  City Soite ZiP Code  Who incurred the debt? Check one.  Debtor 1 and Debtor 2 only  At least one of the debtors and another  Check if this claim is for a community debt  Is the claim subject to offset?  When was the debt incurred?  As of the date you file, the claim is: Check all that apply.  City Soite ZiP Code  Who incurred the debt? Check one.  Debtor 1 and Debtor 2 only  At least one of the debtors and another  Check if this claim is for a community debt  Is the claim subject to offset?  When was the debt incurred?  At least one of the debtors and another  Check if this claim is for a community debt  When was the debt operanal injury while you were  Introducted the debt you were  Introducted the debt you file, the claim is: Check all that apply.  Check if this claim is for a community debt  Is the claim subject to offset?  No  Yes  When was the debt incurred?  As of the date you file, the claim is: Check all that apply.  Check if this claim is for a community debt  Check if this claim is for a community debt  Check if this claim is for a community debt  Check if this claim is for a community debt  Check if this claim is for a community debt  Check if this claim is for a community debt  Check if this claim is for a community debt  Check if this claim is for a community debt  Check if this claim is for a community debt  Check if this claim is for a community debt  Check if this claim is for death or personal injury while you were  Check if this claim is for a community debt  Check if this claim is for a community debt  Check if this claim is for death or personal injury while you were		☐ Contingent			
Who incurred the debt? Check one.    Debtor 1 and Debtor 2 only   Debtor 2 only   Debtor 2 only   Debtor 3 only   Debtor 4 only   Debtor 4 only   Debtor 5 only   Debtor 5 only   Debtor 5 only   Debtor 5 only   Debtor 6 only   Debtor 7 only   Debtor 6 only   Debtor 6 only   Debtor 7 only   Debtor 6 only   Debtor 7 only   Debtor 7 only   Debtor 8 only   Debtor 8 only   Debtor 9 onl	City State ZIP Code				
Debtor 1 only   Debtor 2 only   Debtor 3 only   Debtor 3 only   Debtor 3 only   Debtor 3 only   Debtor 4 only   Debtor 5 only   Debtor 6 only   Debtor 7 only   Debtor 7 only   Debtor 6 only   Debtor 7 only   Debtor 8 only   Debtor 9 onl	Who incurred the deht? Cheek one	Disputed			
Debtor 1 and Debtor 2 only		Type of PPIOPITY upgooured claims			
Domestic support obligations   Tables and certain other debts you owe the government   Chack if this claim is for a community debt   Check if this claim is for a community debt   Check if this claim is for a community debt   Check if this claim is for a community debt   Check if this claim is for a community debt   Check if this claim is for a community debt   Check if this claim is Check all that apply.   Contingent   Uniquidated   Check one.   Check if this claim is for a community debt   Check if this claim is for a community debt   Check if this claim is for a community debt   Check if this claim is for a community debt   Check if this claim is for a community debt   Check if this claim is for a community debt   Check if this claim is for a community debt   Check if this claim is for a community debt   Check if this claim is for a community debt   Check if this claim is for a community debt   Check if this claim is for a community debt   Check if this claim is for a community debt   Check if this claim is for a community debt   Check if this claim is for a community debt   Check if this claim is for a community debt   Check if this claim is check all that apply   Contingent   Check if this claim is check all that apply   Contingent   Check if this claim is check all that apply   Contingent   Check if this claim is check all that apply   Contingent   Check if this claim is check all that apply   Contingent   Check if this check if this claim is check all that apply   Contingent   Check if this chec					
At least one of the debtors and another					
Check if this claim is for a community debt   Intoxicated   Other. Specify   Other. Speci		Taxes and certain other debts you owe the government			
Other. Specify   No   Yes	Chack if this claim is far a community dobt	intoxicated			
No	was officer if this claim is for a community debt	Other. Specify			
Yes	ls the claim subject to offset?				
Last 4 digits of account number   S   S   S					
Number   Street   Street   Street   Street   As of the date you file, the claim is: Check all that apply.   Contingent   Uniquidated   Disputed   Disputed   Disputed   Debtor 1 only   Debtor 2 only   Domestic support obligations   Taxes and certain other debts you were the debts of the debtors and another   Check if this claim is for a community debt   Check if this claim is for a community debt   Check if this claim is for a community debt   Check if this claim is for a community debt   Check if this claim subject to offset?   No   Yes   When was the debt incurred?   As of the date you file, the claim is: Check all that apply.   Contingent   Uniquidated   Disputed   Taxes and certain other debts you were   Taxes and certain other debts you were   Taxes and certain other debts you were   Uniquidated   Disputed   Debtor 2 only   Domestic support obligations   Taxes and certain other debts you were   Claims for death or personal injury while you were   Claims for death or personal injury while you were   Claims for death or personal injury while you were   Claims for death or personal injury while you were   Claims for death or personal injury while you were   Claims for death or personal injury while you were   Claims for death or personal injury while you were   Claims for death or personal injury while you were   Claims for death or personal injury while you were   Check all that apply   Claims for death or personal injury while you were   Check all that apply   Claims for death or personal injury while you were   Check all that apply   Check	Yes				
When was the debt incurred?  As of the date you file, the claim is: Check all that apply.  City State ZIP Code   Contingent   Uniquidated   Disputed    Debtor 1 only   Debtor 2 only   Domestic support obligations    At least one of the debtors and another   Check if this claim is for a community debt    Street   When was the debt incurred?  As of the date you file, the claim is: Check all that apply.  Contingent   Uniquidated   Disputed    Domestic support obligations    Taxes and certain other debts you owe the government    Claims for death or personal injury while you were    Indicated   Other. Specity    When was the debt incurred?  As of the date you file, the claim is: Check all that apply.  Contingent    Uniquidated    Other. Specity    When was the debt incurred?  As of the date you file, the claim is: Check all that apply.  Contingent    Uniquidated    Disputed    Who incurred the debt? Check one.    Debtor 1 and Debtor 2 only    Debtor 2 only    Debtor 1 and Debtors and another    Claims for death or personal injury while you were    Taxes and certain other debts you owe the government    Claims for death or personal injury while you were					en en en en en en en
When was the debt incurred?		Last 4 digits of account number	\$	\$	\$
As of the date you file, the claim is: Check all that apply.    Contingent	Priority Creditor's Name				
City State ZIP Code    Contingent   Unliquidated   Disputed	Number Street	When was the debt incurred?			
City State ZIP Code  Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 3 and Debtor 2 only At least one of the debtors and another  Check if this claim is for a community debt Is the claim subject to offset?  No Yes  Last 4 digits of account number Street  As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed  Type of PRIORITY unsecured claim:  Domestic support obligations Taxes and certain other debts you owe the government Claims for death or personal injury while you were intoxicated Other. Specify  When was the debt incurred?  As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed  Type of PRIORITY unsecured claim:  Debtor 1 only Debtor 1 only Debtor 1 only Debtor 1 and Debtor 2 only At least one of the debtors and another  Claims for death or personal injury while you were  Unliquidated Disputed  Taxes and certain other debts you owe the government Claims for death or personal injury while you were		As of the date you file, the claim is: Check all that apply			
Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 3 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset?  No Yes  When was the debt incurred?  As of the date you file, the claim is: Check ali that apply.  Contingent Unliquidated Disputed  Type of PRIORITY unsecured claim: Domestic support obligations Taxes and certain other debts you owe the government Claims for death or personal injury while you were Intoxicated Other. Specify  When was the debt incurred?  As of the date you file, the claim is: Check ali that apply.  Contingent Unliquidated Disputed  Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another  Unliquidated Claims for death or personal injury while you were					
Who incurred the debt? Check one.  Disputed  Type of PRIORITY unsecured claim: Debtor 1 only Debtor 1 and Debtor 2 only At least one of the debtors and another Claims for death or personal injury while you were intoxicated Other. Specify  Street  As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed  Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only Taxes and certain other debts you owe the government Claims for death or personal injury while you were Intoxicated Other. Specify  Street  As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed  Type of PRIORITY unsecured claim: Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Claims for death or personal injury while you were	City State 7ID Code				
Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Intoxicated Other. Specify  When was the debt incurred?  As of the date you file, the claim is: Check all that apply.  Who incurred the debt? Check one.  Debtor 1 only State ZiP Code Debtor 1 only Debtor 2 only Domestic support obligations Taxes and certain other debts you owe the government Claims for death or personal injury while you were intoxicated Other. Specify  When was the debt incurred?  As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed  Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 2 only Taxes and certain other debts you owe the government Claims for death or personal injury while you were	ord State Zir Code				
□ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? □ No □ Yes □ No □ Yes □ No □ Yes □ Street □ Check if this claim is for a community debt Is the daim subject to offset? □ No □ Yes □ No □ Yes □ No □ Yes □ Last 4 digits of account number □ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Who incurred the debt? Check one.				
□ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt □ Check if this claim is for a community debt □ Check if this claim is for a community debt □ Check if this claim is for a community debt □ Check if this claim is for a community debt □ Check if this claim is for a community debt □ Check if this claim is for a community debt □ Check if this claim is for a community debt □ Check if this claim is for a community debt □ Check if this claim is for a community debt □ Check if this claim is for a community debt □ Check if this claim is for a community debt □ Check if this claim is for a community while you were □ No □ Yes □ No □ Yes □ No □ Yes □ When was the debt incurred? □ Contingent □ Unliquidated □ Disputed □ Disputed □ Disputed □ Disputed □ Debtor 1 only □ Debtor 1 only □ Debtor 2 only □ Domestic support obligations □ Taxes and certain other debts you owe the government □ Claims for death or personal injury while you were	•	Type of PRIORITY unsecured claim:			
□ At least one of the debtors and another □ Check if this claim is for a community debt □ Check if this claim is for a community debt □ Check if this claim subject to offset? □ No □ Yes □ No □ Yes □ No □ Yes □ Contingent □ Contingent □ Unliquidated □ Disputed □ Disputed □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Claims of death or personal injury while you were intoxicated □ Other. Specify □ Cother. Specify □ No □ Yes □ No □ Yes □ No □ Yes □ Contingent □ Unliquidated □ Disputed □ Debtor 1 only □ Debtor 2 only □ At least one of the debtors and another □ Claims for death or personal injury while you were □ Domestic support obligations □ Taxes and certain other debts you owe the government □ Claims for death or personal injury while you were		Domestic support obligations			
Claims for death or personal injury while you were intoxicated Other. Specify  Check if this claim is for a community debt  Is the claim subject to offset?  No Yes  Chair 4 digits of account number \$ \$ \$ \$  Chair 5 pecify  When was the debt incurred?  As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed  Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only At least one of the debtors and another  Claims for death or personal injury while you were					
Other. Specify   Othe	At least one of the debtors and another	Claims for death or personal injury while you were			
Is the claim subject to offset?  No Yes  Last 4 digits of account number \$	☐ Check if this claim is for a community debt				
No   Yes	a the state of the	U Other, Specify			
Last 4 digits of account number \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$					
Last 4 digits of account number \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$					
When was the debt incurred?  As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed  Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another  When was the debt incurred?  As of the date you file, the claim is: Check all that apply.  Unliquidated Disputed  Type of PRIORITY unsecured claim:  Domestic support obligations Taxes and certain other debts you owe the government Claims for death or personal injury while you were					
When was the debt incurred?  As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed  Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another  When was the debt incurred?  As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed  Type of PRIORITY unsecured claim:  Domestic support obligations Taxes and certain other debts you owe the government Claims for death or personal injury while you were		Last 4 digits of account number	\$	\$	\$
As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed  Who incurred the debt? Check one.  Debtor 1 only Type of PRIORITY unsecured claim: Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another  Claims for death or personal injury while you were	Priority Creditor's Name				
As of the date you file, the claim is: Check all that apply.  City State ZIP Code Unliquidated Unliquidated Disputed  Who incurred the debt? Check one.  Type of PRIORITY unsecured claim: Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another  As of the date you file, the claim is: Check all that apply.  Unliquidated Disputed  Type of PRIORITY unsecured claim:  Domestic support obligations Taxes and certain other debts you owe the government Claims for death or personal injury while you were	Number Street	When was the debt incurred?			
Contingent Unliquidated Unliqui	Judet.	As of the date you file the elaim in Charles Hither and			
Unliquidated Disputed  Who incurred the debt? Check one.  Type of PRIORITY unsecured claim: Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another  Unliquidated Disputed  Type of PRIORITY unsecured claim:  Domestic support obligations Taxes and certain other debts you owe the government Claims for death or personal injury while you were		<u> </u>			
Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another  Disputed  Type of PRIORITY unsecured claim: Domestic support obligations Taxes and certain other debts you owe the government Claims for death or personal injury while you were	St.				
Who incurred the debt? Check one.  Debtor 1 only  Debtor 2 only  Debtor 1 and Debtor 2 only  At least one of the debtors and another  Type of PRIORITY unsecured claim:  Domestic support obligations  Taxes and certain other debts you owe the government  Claims for death or personal injury while you were	State ZiP Code				
Debtor 2 only  Debtor 1 and Debtor 2 only  Debtor 1 and Debtor 2 only  Taxes and certain other debts you owe the government  Claims for death or personal injury while you were	Who incurred the debt? Check one.	Dispated			
Debtor 2 only  Debtor 1 and Debtor 2 only  At least one of the debtors and another  Domestic support obligations  Taxes and certain other debts you owe the government  Claims for death or personal injury while you were	Debtor 1 only	Type of PRIORITY unsecured claim:			
Taxes and certain other debts you owe the government  Claims for death or personal injury while you were		_			
At least one of the debtors and another  Claims for death or personal injury while you were					
	At least one of the debtors and another				
	Check if this claim is for a community debt				

☐ No Yes

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Part 2:

List All of Your NONPRIORITY Unsecured Claims

3.	Do any creditors have nonpriority use No. You have nothing to report in the Yes					
	nonpriority unsecured claim, list the cre	editor separ editor holds	ately for each clai	l order of the creditor who holds each claim. If a creditor ham. For each claim listed, identify what type of claim it is. Do not list the other creditors in Part 3.If you have more than three not list the other creditors in Part 3.If you have more than three not list the other creditors in Part 3.If you have more than three not list the other creditors in Part 3.If you have more than three not list the other creditors in Part 3.If you have more than three not list the other creditors in Part 3.If you have more than three not list the other creditors in Part 3.If you have more than three not list the other creditors in Part 3.If you have more than three not list the other creditors in Part 3.If you have more than three not list the other creditors in Part 3.If you have more than three not list the other creditors in Part 3.If you have more than three not list the other creditors in Part 3.If you have more than three not list the other creditors in Part 3.If you have more than three not list the other creditors in Part 3.If you have more than three not list the other creditors in Part 3.If you have more than three not list the other creditors in Part 3.If you have more than three not list the other creditors in Part 3.If you have more than three not list the other creditors in Part 3.If you have more than three lists the other creditors in Part 3.If you have more than the part 3.If you have more than the part 3.If you have more than the part 3.If you have more than 1.If	t liet ole	ime alroadu
	1				Tota	al claim
.1	CITIBANK			Last 4 digits of account number		1 500 00
	Nonpriority Creditor's Name			When was the debt incurred?	\$	1,500.00
	399 PARK AVE Number Street			When was the dept nictined?		
	NEW YORK	NY State	10043 ZIP Code	As of the date you file, the claim is: Check all that apply.		
				Contingent		
	Who incurred the debt? Check one.			Unliquidated		
	Debtor 1 only Debtor 2 only			Disputed		
	Debtor 1 and Debtor 2 only			Type of NONPRIORITY unsecured claim:		
	At least one of the debtors and another	r		☐ Student loans		
	☐ Check if this claim is for a commu	mity debt		Obligations arising out of a separation agreement or divorce		
	Is the claim subject to offset?	<b>y</b>		that you did not report as priority claims		
	☐ No			Debts to pension or profit-sharing plans, and other similar debts  Other. Specify		
	Yes		eriik Ta edustaaliseksi wiigha keepisturkuu kanpus puuju puuju puuju puujus puuju puusi puuju puusi puudis se			
2	BANK OF AMERICA	4 CONTRACTOR OF THE PARTY OF TH	and the second seco	Last 4 digits of account number	\$	3,200.00
	Nonpriority Creditor's Name	******		When was the debt incurred?		
	100 NORTH TRYON ST			_		
	Number Street CHARLOTTE	NC	20255	As of the date you file, the claim is: Check all that apply.		
	City	State	28255 ZIP Code	=		
	110		3333	Contingent		
	Who incurred the debt? Check one.			Unliquidated Disputed		
	Debtor 1 only Debtor 2 only			was proported		
	Debtor 1 and Debtor 2 only			Type of NONPRIORITY unsecured claim:		:
	At least one of the debtors and another			Student loans		:
	Check if this claim is for a commun	nity debt		Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
	Is the claim subject to offset?			Debts to pension or profit-sharing plans, and other similar debts		
	☐ No ☐ Yes			Other. Specify		?
	WE EFS	e de distribución de la competito de la compet	190-20/Frederikasida ja kihidasegrepa 2. stomber 2. sto	Last 4 digits of account number	Americana na pojevije izvoja	1,750.00
	Nonpriority Creditor's Name			When was the debt incurred?	\$	1,730.00
	PO BOX 84712 Number Street					
	SIOUX FALLS	SD	57118			
	City	State	ZIP Code	As of the date you file, the claim is: Check all that apply.		:
	Who incurred the debt? Check one.			Contingent		
	Debtor 1 only			Unliquidated		
	Debtor 2 only			☐ Disputed		
	Debtor 1 and Debtor 2 only			Type of NONPRIORITY unsecured claim:		
	At least one of the debtors and another			Student loans		:
	☐ Check if this claim is for a commun	nity debt		Obligations arising out of a separation agreement or divorce		
	Is the claim subject to offset?			that you did not report as priority claims		
	No No			Debts to pension or profit-sharing plans, and other similar debts  Other. Specify		
	Yes			- State of the sta		

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Part 2:

Your NONPRIORITY Unsecured Claims — Continuation Page

fter listing any entries on this page, number t	hem beginning wit	th 4.4, followed by 4.5, and so forth.	Total clair
CREDENCE RESOURCE MANA		Last 4 digits of account number	<sub>\$</sub> 1,486.
Nonpriority Creditor's Name 17000 DALLAS PKWY STE 20		When was the debt incurred?	<b>V</b>
Number Street DALLAS TX	75248	As of the date you file, the claim is: Check all that apply.	
City State  Who incurred the debt? Check one.  Debtor 1 only	ZIP Code	Contingent Unliquidated Disputed	
Debtor 2 only		Type of NONPRIORITY unsecured claim:	
<ul> <li>Debtor 1 and Debtor 2 only</li> <li>At least one of the debtors and another</li> </ul>		Student loans	
☐ Check if this claim is for a community deb Is the claim subject to offset? ☐ No ☐ Yes	t	<ul> <li>Obligations arising out of a separation agreement or divorce that you did not report as priority claims</li> <li>Debts to pension or profit-sharing plans, and other similar debts</li> <li>Other. Specify</li> </ul>	
PEOPLE ENERGY Nonpriority Creditor's Name		Last 4 digits of account number	\$ <u>1,008.</u> 0
200 E RANDOLPH		When was the debt incurred?	
Number Street CHICAGO IL	60601	As of the date you file, the claim is: Check all that apply.	
City State	ZIP Code	Contingent	
Who incurred the debt? Check one.		Unliquidated	
Debtor 1 only		☐ Disputed	
Debtor 2 only		Type of NONPRIORITY unsecured claim:	
Debtor 1 and Debtor 2 only At least one of the debtors and another		☐ Student loans	
		Obligations arising out of a separation agreement or divorce that	
Check if this claim is for a community debi	İ	you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts	
Is the claim subject to offset?  No Yes		Other. Specify	
SYNCB/AMERICAN EAGLE PLC	e Profesion de Profesion de Contra de Profesion de Profesion de La Contra de La Contra de La Contra de La Contr	Last 4 digits of account number	\$ <u>150.0</u>
Nonpriority Creditor's Name PO BOX 965005		When was the debt incurred?	
Number Street ORLANDO FL	32896	As of the date you file, the claim is: Check all that apply.	
City State	ZIP Code	Contingent	
Who incurred the debt? Check one.		☐ Unliquidated☐ Disputed	
Debtor 1 only		☐ Disputed	
Debtor 2 only		Type of NONPRIORITY unsecured claim:	
Debtor 1 and Debtor 2 only  At least one of the debtors and another		☐ Student loans	
☐ Check if this claim is for a community debt		Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
Is the claim subject to offset?		Debts to pension or profit-sharing plans, and other similar debts	
No Yes		Other. Specify	

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Debtor 1

Part 2:	List All d	of Your	NONPRIORITY	lineacurad	Claim
	ript Wil (	or rour	NONPRIORITY	Unsecured	Clain

3.	Do any creditors have nonpriority to No. You have nothing to report in Yes					
	nonpriority dissecuted distill, list the ci	editor sept editor hold	Brateiv for each cla	al order of the creditor who holds each claim. If a creditor has aim. For each claim listed, identify what type of claim it is. Do not n, list the other creditors in Part 3.If you have more than three no		1
4.1	GO FINANCIAL				Total clair	n sala
L	Nonpriority Creditor's Name	1-101111		Last 4 digits of account number	e 6.:	580.00
	PO BOX 53087	2VMH		When was the debt incurred?	<u> </u>	
	PHOENIX City	AZ State	85072 ZIP Code	As of the date you file, the claim is: Check all that apply.		
	Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and anothe Check if this claim is for a commuls the claim subject to offset? No Yes			Contingent Unliquidated Disputed  Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify		
4.2	I C SYSTEM Nonpriority Creditor's Name PO BOX 64378	***************************************		Last 4 digits of account number	\$3	807.00
	Number Street SAINT PAUL City	MN	55164	As of the date you file, the claim is: Check all that apply.		
	Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another		ZIP Code	☐ Contingent ☐ Unliquidated ☐ Disputed  Type of NONPRIORITY unsecured claim: ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce		
	☐ Check if this claim is for a commu Is the claim subject to offset? ☐ No ☐ Yes	-		that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts  Other. Specify		
4.3	MIDLAND FUNDING LLC Nonpriority Creditor's Name		· · · · · · · · · · · · · · · · · · ·	Last 4 digits of account number		23.00
	2365 NORTHSIDE DR 300			When was the debt incurred?	<u> </u>	23.00
	Number Street SAN DIEGO City	CA State	92108 ZIP Code	<ul> <li>As of the date you file, the claim is: Check all that apply.</li> </ul>		
	Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another		2. 0.00	Contingent Unliquidated Disputed  Type of NONPRIORITY unsecured claim:  Student loans		
	☐ Check if this claim is for a community the claim subject to offset?☐ No☐ Yes	nity debt		Student loans     Obligations arising out of a separation agreement or divorce that you did not report as priority claims     Debts to pension or profit-sharing plans, and other similar debts     Other. Specify		

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Part 2:

Your NONPRIORITY Unsecured Claims — Continuation Page

After listing any entries on this	fter listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.					
CONVERGENT OUT	SOURCING		Last 4 digits of account number	\$_	214.00	
Nonpriority Creditor's Name PO BOX 9004			When was the debt incurred?			
Number Street			As of the date you file the claim is: Check all that each			
RENTON city	WA	98057	As of the date you file, the claim is: Check all that apply.			
Who incurred the debt? Che	State sck one.	ZIP Code	☐ Contingent ☐ Unliquidated ☐ Disputed			
Debtor 2 only			Type of NONPRIORITY unsecured claim:			
Debtor 1 and Debtor 2 only			☐ Student loans			
At least one of the debtors a	ind another		Obligations arising out of a separation agreement or divorce that			
Check if this claim is for	a community debt		you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts			
Is the claim subject to offse	t?		Other. Specify			
☐ No ☐ Yes						
MEDICREDIT INC	***************************************		Last 4 digits of account number	\$	588.00	
Nonpriority Creditor's Name			<del></del>			
PO BOX 1629			When was the debt incurred?			
Number Street MARYLAND HEIGHTS	s MO	63043	As of the date you file, the claim is: Check all that apply.			
City	State	ZIP Code	Contingent			
			Unliquidated			
Who incurred the debt? Che	ck one.		☐ Disputed			
Debtor 1 only Debtor 2 only			T. CHOURSIANITY			
Debtor 2 only  Debtor 1 and Debtor 2 only			Type of NONPRIORITY unsecured claim:			
At least one of the debtors a	nd another		☐ Student loans			
Check if this claim is for			Obligations arising out of a separation agreement or divorce that you did not report as priority claims			
	<del>-</del>		Debts to pension or profit-sharing plans, and other similar debts			
Is the claim subject to offset	?		Other. Specify			
☐ No ☐ Yes						
ENHANCED RECOVE		•	Last 4 digits of account number	\$	832.00	
Nonpriority Creditor's Name	ICI OOMI AICI					
PO BOX 57547			When was the debt incurred?			
Number Street JACKSONVILLE	FL	32241	As of the date you file, the claim is: Check all that apply.			
City	State	ZIP Code	Contingent			
Who incurred the debt? Chec	ik one.		☐ Unliquidated ☐ Disputed			
Debtor 1 only			■ Disputed			
Debtor 2 only			Type of NONPRIORITY unsecured claim:			
Debtor 1 and Debtor 2 only			Student loans			
At least one of the debtors ar	nd another		Obligations arising out of a separation agreement or divorce that			
Check if this claim is for a	a community debt		you did not report as priority claims			
Is the claim subject to offset	?		Debts to pension or profit-sharing plans, and other similar debts  Other. Specify			
□ No □ Yes			- Color, epooli			

Part 3:

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#### List Others to Be Notified About a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For
example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or
2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the
additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Name		<del></del>	On which entry in Part 1 or Part 2 did you list the original creditor?
Maille			Line of (Check one):  Part 1: Creditors with Priority Unsecured Claims
Number	Street		Part 2: Creditors with Nonpriority Unsecured Claims
	**************************************		Last 4 digits of account number
City	State	ZIP Code	
Name	- Mit Medical		On which entry in Part 1 or Part 2 did you list the original creditor?
			Line of (Check one):  Part 1: Creditors with Priority Unsecured Claims
Number	Street		Part 2: Creditors with Nonpriority Unsecured Claims
	ATTENDA OFFICE AND		Siame
City	State	ZIP Code	Last 4 digits of account number
			On which entry in Part 1 or Part 2 did you list the original creditor?
Name			Line of (Check one):  Part 1: Creditors with Priority Unsecured Claims
Number	Street		Part 1: Creditors with Phonity Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured
		*****	Claims Claims
00			Last 4 digits of account number
City	State	ZIP Code	On which entry in Part 1 or Part 2 did you list the original creditor?
Name	ANNUAL PROPERTY (No. 1044 No.		
Number	Street		Line of (Check one): Part 1: Creditors with Priority Unsecured Claims
			Part 2: Creditors with Nonpriority Unsecured Claims
City	State	ZIP Code	Last 4 digits of account number
Name	·		On which entry in Part 1 or Part 2 did you list the original creditor?
Name	1		Line of (Check one):  Part 1: Creditors with Priority Unsecured Claims
Number	Street		Part 2: Creditors with Nonpriority Unsecured
	WAS ARREST AND A COLUMN AND A C		Claims
City	State	ZIP Code	Last 4 digits of account number
			On which entry in Part 1 or Part 2 did you list the original creditor?
Name			Line of (Check one):  Part 1: Creditors with Priority Unsecured Claims
Number	Street		Part 2: Creditors with Nonpriority Unsecured
		<del> </del>	Claims
City	State	ZIP Code	Last 4 digits of account number
Name			On which entry in Part 1 or Part 2 did you list the original creditor?
			Line of (Check one):  Part 1: Creditors with Priority Unsecured Claims
Number	Street		Part 2: Creditors with Nonpriority Unsecured Claims
	**************************************		
City	State	ZIP Code	Last 4 digits of account number

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Part 4:

### Add the Amounts for Each Type of Unsecured Claim

Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159.
 Add the amounts for each type of unsecured claim.

			Total claim	
Total claims	6a. Domestic support obligations	6a.	\$	0.00
from Part 1	6b. Taxes and certain other debts you owe the government	6b.	\$	0.00
	6c. Claims for death or personal injury while you were intoxicated	6c.	\$	0.00
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d.	+\$	0.00
	6e. <b>Total.</b> Add lines 6a through 6d.	6e.	\$	0.00
			Total claim	
Total claims	6f. Student loans	6f.	s	0.00
from Part 2	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$	0.00
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h.	\$	0.00
	<ol> <li>Other. Add all other nonpriority unsecured claims.</li> <li>Write that amount here.</li> </ol>	6i.	<b>+</b> \$	17,838.00
	6j. <b>Total.</b> Add lines 6f through 6i.	6j.		17,838.00

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Del	l in this ir	nformation to SADE REI	identify your	case:			
	btor	SADE REI					
i	btor		שאותר				
Del		First Name		ddle Name	Last Name		
(Sp	btor 2 ouse If filing)	First Name	Mi	ddle Name	Last Name		
Uni	ited States	Bankruptcy Cou	rt for the: North	ern District of Ili	linois		
	se number known)			**************************************	<del></del>		☐ Check if this is an
							amended filing
Of	ficial F	Form 10	8 <b>G</b>				
				orv Cor	ntracts and	I Unexpired Leases	12/15
infor addi 1.	mation. Is tional pag Do you h	f more space ges, write you ave any exec heck this box	is needed, co ir name and c utory contrac and file this for	py the addition ase number (if the state of	nal page, fill it out, r f known). d leases? rt with your other scho	ogether, both are equally responsible for suppumber the entries, and attach it to this page. Of the entries of the entries of the entries of the else to report on this for the elisted on Schedule A/B: Property (Official Form	On the top of any
		rent, vehicle				ract or lease. Then state what each contract on in the instruction booklet for more examples of	
	Person o	r company w	ith whom you	have the cont	tract or lease	State what the contract or lease is fo	). Or
2.1							
Z. I	N			**************************************		<u>-</u>	
	Name						
	Number	Street				~	
	City		State	ZIP Code		•••	
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Debtor 1

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rst Name Last Name

Case number (if known)\_\_\_\_

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### Additional Page if You Have More Contracts or Leases

		or company wi	ith whom you	have the contract or lease	What the contract or lease is for	
2 <u>2</u>	Name		·		-	
	Number	Street		***************************************	~	
	City				_	
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<u>-</u>	Name	107101141			-	
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2	4,		Calc	Eli Voto		
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Fill	in this infor	mation to identify	your case:		3			
Det	otor 1 SA	DE REDDING						
Det	First otor 2	! Name	Middle Name	Last Name				
	ouse, if filing) First	! Name	Middle Name	Last Name				
Unit	ted States Bank	ruptcy Court for the:	Northern District of Illin	ois				
	e number							
L.,,,	- Constr						☐ Check if t	
<b>∩</b> #	ioial Ear	106U					amended	ming
		rm 106H	Codebtors	•				12/15
are fi and r case	ing together number the e number (if ki Do you have:  \[ \sqrt{1} \text{ No} \]  Yes  Within the last Arizona, Calife \[ \sqrt{1} \text{ No. Go to} \]  Yes. Did y \[ \sqrt{1} \text{ No} \]  Yes. In	r, both are equally intries in the boxer nown). Answer ever any codebtors? (If st 8 years, have your ornia, Idaho, Louisialine 3. If your spouse, former any which community of your spouse, former spous	responsible for supples on the left. Attach the left. Attach the left of the left. Attach the left of	olying correct in the Additional Face, do not list of the Additional Face, and the Addit	nformation. It age to this peither spouse nate or territor, Texas, Warrou at the time	f more spa page. On the as a codeb y? (Common shington, and	unity property states and territories include	it out.
	City		State		ZIP Code	~		
5	shown in line Schedule D (G Schedule E/F	2 again as a code	ebtor only if that pers ), Schedule E/F (Offi	on is a guaran	tor or cosign	er. Make si lule G (Offic	pouse is filing with you. List the person ure you have listed the creditor on cial Form 106G). Use Schedule D, https://doi.org/1006/1006/1006/1006/1006/1006/1006/100	debt
							neck all schedules that apply:	
3.1						,	,,,	
	Name			V-1			Schedule D, line	
	Number	Street					Schedule E/F, line	
	City	***************************************	State		710 0-4-		Goldand G, Into	
3.2	City		State		ZIP Code			
	Name					0	Schedule D, line	
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3.3						Г	Schedule D, line	
	Name						Schedule E/F, line	
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Debtor 1

SADE REDDING
First Name Middle Nam

Vame	Middle Name	Last Name

Case number (if known)\_

		Additional Page to L	ist More Codebtors		
	Colum	n 1: Your codebtor			Column 2: The creditor to whom you owe the debt
3	]				Check all schedules that apply:
-	Name		······································		Schedule D, line
					☐ Schedule E/F, line
	Numbe	Street		· · · · · · · · · · · · · · · · · · ·	Schedule G, line
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3	,		Q.C.D	Lis Gode	
لبا	Name	***************************************			Schedule D, line
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	Number	Street			Schedule G, line
	City		State	ZIP Code	
3					Darwa
	Name				Schedule D, line
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	Number	Street			Schedule G, line
	City		State	ZIP Code	_
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	Name				Schedule D, line
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	Number	Street			Schedule G, line
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	Name				Schedule D, line
					☐ Schedule E/F, line
	Number	Street			Schedule G, line
	City		State	ZIP Code	-
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	Name		TOWARD CO. T. CO.	27475475 Marie Mar	Schedule D, line
					Schedule E/F, line
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ليسنة					- Schedule D. line
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	Alumak	Classic		****	
	Number	Street			Schedule G, line
	City		State	ZIP Code	-

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Fill in this information to identify	your case:					
Debtor 1 SADE REDDING						
Debtor 1 SAUC REDUING First Name	Middle Name	Last Name				
Debtor 2 (Spouse, if filing) First Name	Middle Name	Last Name				
United States Bankruptcy Court for the:	Northern District of Illinois					
Case number				Check if t	this is:	
(If known)		•			nended filing	
	***************************************			A sup	plement showing postpetition	chapter 13
Official Form 106I				incom	e as of the following date:	
Schedule I: You	Incomo			MM / [	DD/ YYYY	
						12/15
Be as complete and accurate as possible supplying correct information. If you are separated and your spot separate sheet to this form. On the Part 1: Describe Employm	ou are married and not fi use is not filing with you, top of any additional pa	ling jointly, and ye do not include in	our spouse is formation ab	living with your spo	you, include information about ouse. If more space is needed.	t your spouse. attach a
Fill in your employment information.		Debtor 1			Debtor 2 or non-filing spo	ouse
If you have more than one job, attach a separate page with information about additional employers.	Employment status	€ Employed □ Not employ	/ed	en elementario in indicatorio elementario de elementario de elementario elementario de elementario de elementa	☐ Employed ☐ Not employed	and the second s
Include part-time, seasonal, or self-employed work.	0					
Occupation may include student or homemaker, if it applies.	Occupation	<del></del>			• • • • • • • • • • • • • • • • • • •	W-0-10-10-10-10-10-10-10-10-10-10-10-10-1
	Employer's name	4.4				
	Employer's address	1501 REMIN	IGTON BL\	/D		
		Number Street		····	Number Street	
		***************************************			***************************************	
		Bolinbrook	IL.	60490		***************************************
		City	State ZIP	Code	City State	ZIP Code
	How long employed the	ere?			Made and the Confession of the Impages	
Part 2: Give Details About	Monthly Income					
Estimate monthly income as of spouse unless you are separated.		m. If you have noth	ing to report fo	or any line, w	rite \$0 in the space. Include your	non-filing
If you or your non-filing spouse ha below. If you need more space, at	ve more than one employe	er, combine the infonis form.	ormation for al	l employers fo	or that person on the lines	
			For	Debtor 1	For Debtor 2 or non-filing spouse	
<ol><li>List monthly gross wages, sale deductions). If not paid monthly,</li></ol>			2. <u>\$_1</u>	,500.00	\$	
3. Estimate and list monthly over	time pay.		3. <b>+</b> \$	0.00	+ \$	
4. Calculate gross income. Add lir	ne 2 + line 3.		4. \$_1	,500.00	\$	

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Case number (# know

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Debtor 1	シヘレヒ	NEDDING

For Debtor 1 For Debtor 2 or non-filing spouse Copy line 4 here..... 1,500.00 5. List all payroll deductions: 5a. Tax, Medicare, and Social Security deductions 0.00 5b. Mandatory contributions for retirement plans 0.00 5b. 5c. Voluntary contributions for retirement plans 0.00 5¢. 5d. Required repayments of retirement fund loans 0.00 5d. 5e. Insurance 0.005e 5f. Domestic support obligations 0.00 5f. 0.00 5g. Union dues 5g. 5h. Other deductions. Specify: 5n. 0.00 6. Add the payroli deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h. 0.00 0.00 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. 8. List all other income regularly received: 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total 0.00 monthly net income. 8a 8b. Interest and dividends 0.00 8b. 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce 0.00 settlement, and property settlement. 8c 0.00 8d. Unemployment compensation 8d 8e. Social Security 8e. 0.00 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. 0.00Specify: 8f. 8g. Pension or retirement income 0.008g. 8h. Other monthly income. Specify: 8h. 0.009. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h. 9. 0.00 10. Calculate monthly income. Add line 7 + line 9. 1,500.00 1,500.00 Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 0.00 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. 1,500.00 Write that amount on the Summary of Your Assets and Liabilities and Certain Statistical Information, if it applies 12. Combined monthly income 13. Do you expect an increase or decrease within the year after you file this form? Mo. ☐ Yes. Explain:

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Fill in this information to identify	/ your case:			
Debtor 1 SADE REDDING		Check if this	· n.	
First Name Debtor 2	Middle Name Last Name			
(Spouse, if filing) First Name	Middle Name Last Name	An amend	-	petition chapter 13
United States Bankruptcy Court for the:	Northern District of Illinois		as of the following	
Case number (if known)		MM / DD/	<b>YYYY</b>	
Official Form 106J				
Schedule J: Yo	ur Expenses			12/15
Be as complete and accurate as p	ossible. If two married people are fil ed, attach another sheet to this form	ing together, both are equally resp n. On the top of any additional pag	onsible for supply es, write your nam	ing correct
Part 1: Describe Your Hou	ısehold			
1. Is this a joint case?				
No. Go to line 2. Yes. Does Debtor 2 live in a	separate household?			
<ul><li>□ No</li><li>□ Yes. Debtor 2 must fil</li></ul>	e Official Form 106J-2, Expenses for S	Separate Household of Debtor 2.		
2. Do you have dependents?	□ No		ar na	MOTO Micro Commission and American Commission and American Commission Commiss
Do not list Debtor 1 and Debtor 2.	Yes. Fill out this information for each dependent	Dependent's relationship to Debtor 1 or Debtor 2	Dependent's age	Does dependent live with you?
Do not state the dependents' names.	·	GRANDMOTHER	74	☐ No ☑ Yes
		######################################	ALL LAND CONTRACTOR OF THE PARTY OF THE PART	□ No
				☐ Yes
		**************************************	-	Yes
				□ No
				Yes
				□ No
3. Do your expenses include expenses of people other than yourself and your dependents?	☑ No □ Yes			☐ Yes
58.00° C	ng Monthly Expenses			
Estimate your expenses as of your expenses as of a date after the ban applicable date.	bankruptcy filing date unless you a kruptcy is filed. If this is a suppleme	re using this form as a supplemen ental <i>Schedule J</i> , check the box at	t in a Chapter 13 c the top of the form	ase to report and fill in the
• •	-cash government assistance if you	know the value of		
	it on Schedule I: Your Income (Office		Your exper	ISES
<ol> <li>The rental or home ownership e any rent for the ground or lot.</li> </ol>	xpenses for your residence. Include	·	\$	700.00
If not included in line 4:				
4a. Real estate taxes		4	la. \$	0.00
4b. Property, homeowner's, or re	enter's insurance	4	lb. \$	0.00
4c. Home maintenance, repair, a	, , ,	4	lc. \$	0.00
4d. Homeowner's association or	condominium dues	4	ld. \$	0.00

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Debtor 1

SADE REDDING

Case number (if known)\_\_\_\_ Last Name

			Your exper	ses
5	Additional mortgage payments for your residence, such as home equity loans	5.	\$	0.00
6	Utilities:			
	6a. Electricity, heat, natural gas	6a.	\$	150.00
	6b. Water, sewer, garbage collection	6b.	\$	
	6c. Telephone, cell phone, Internet, satellite, and cable services	6c.	\$	
	6d. Other Specify:	6d.	\$	
7.		7.	\$	200.00
8.	Childcare and children's education costs	8.	\$	0.00
9.	Clothing, laundry, and dry cleaning	9.	\$	70.00
10.	Personal care products and services	10.	\$	30.00
11.	Medical and dental expenses	11.	\$	0.00
12.	Transportation. Include gas, maintenance, bus or train fare.			100.00
	Do not include car payments.	12.	\$	100.00
13.	Entertainment, clubs, recreation, newspapers, magazines, and books	13.	\$	0.00
14.	Charitable contributions and religious donations	14.	\$	0.00
15.	Insurance.  Do not include insurance deducted from your pay or included in lines 4 or 20.			
	15a. Life insurance	15a.	\$	0.00
	15b. Health insurance	15b.	\$	0.00
	15c. Vehicle insurance	15c.	\$	0.00
	15d. Other insurance. Specify:	15d.	\$	0.00
16.	Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.  Specify:	<b>16</b> .	\$	0.00
17.	installment or lease payments:			
	17a. Car payments for Vehicle 1	17a.	\$	0.00
	17b. Car payments for Vehicle 2	17b.	\$	0.00
	17c. Other. Specify:	17c.	\$	0.00
	17d. Other. Specify:	17d.	\$	
18.	Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18.	\$	0.00
19.	Other payments you make to support others who do not live with you.			
	Specify:	19.	\$	0.00
20.	Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Incom	e.		
	20a. Mortgages on other property	20a.	\$	0.00
	20b. Real estate taxes	20b.	\$	0.00
	20c. Property, homeowner's, or renter's insurance	20c.	\$	0.00
	20d. Maintenance, repair, and upkeep expenses	20d.	\$	0.00
	20e. Homeowner's association or condominium dues	20e.	\$	0.00

Entered 09/02/16 10:07:31 Case 16-28310 Doc 1 Filed 09/02/16 Desc Main Document Page 42 of 57 SADE REDDING Debtor 1 Case number (if known) Other. Specify: 0.00 Calculate your monthly expenses. 22a. Add lines 4 through 21. 22a. 1,300.00 22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 22b. 0.00 22c. Add line 22a and 22b. The result is your monthly expenses. 22c. 1,300.00 23. Calculate your monthly net income. 1,500.00 Copy line 12 (your combined monthly income) from Schedule I. 23a. 23b. Copy your monthly expenses from line 22c above. 1.300.00 23b 23c. Subtract your monthly expenses from your monthly income. 200.00 The result is your monthly net income. 24. Do you expect an increase or decrease in your expenses within the year after you file this form? For example, do you expect to finish paying for your car loan within the year or do you expect your

mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☑ No. ☐ Yes.

Explain here:

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Debtor 1	formation to ident			•	
	iormation to ident	ify your case:			
	SADE REDDIN	IC	100 100 100 100 100 100 100 100 100 100		
	First Name	Middle Name	Last Name		
btor 2				-	
ouse, if filing)	First Name	Middle Name	Last Name		
ited States B	sankruptcy Court for the	ne: Northern District of I	llinois		
ise number known)					
					Check if this is amended filing
				al Debtor's Schedules for supplying correct information.	12/15
Did you	Sign Below pay or agree to pa	ay someone who is NC	OT an attorney to h	elp you fill out bankruptcy forms?	
Did you ☑ No	pay or agree to pa	ay someone who is NC	OT an attorney to h	elp you fill out bankruptcy forms?	
Did you ✓ No		ay someone who is NC	OT an attorney to h	elp you fill out bankruptcy forms?  Attach Bankruptcy Petition Preparer's Notice, Deci Signature (Official Form 119).	laration, and
Did you  No Yes.	pay or agree to pa	declare that I have re rect.		. Attach Bankruptcy Petition Preparer's Notice, Dec	daration, and
Did you No No Yes.	pay or agree to pay Name of person enalty of perjury, I	declare that I have re rect.	ad the summary ar	Attach Bankruptcy Petition Preparer's Notice, Dec Signature (Official Form 119). nd schedules filed with this declaration and	laration, and
Did you No Yes.  Under perthat they Signature	pay or agree to pay Name of person enalty of perjury, I y are true and corr	declare that I have re rect.	ad the summary ar	Attach Bankruptcy Petition Preparer's Notice, Dec Signature (Official Form 119). nd schedules filed with this declaration and	daration, and

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Last Name		
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·		☐ Check if this is a
		amended filing
for Indiv	viduals Filing for Bar	kruptcy 04
people are filin	g together, both are equally responsi	nle for supplying correct
sheet to this for	m. On the top of any additional pages	s, write your name and case
and Where Y	ou Lived Before	
er than where v	ou live now?	
er than where y	ou live now?	
	ou live now?  where you live now.	
		Dates Debtor 2 lived there
s. Do not include	where you live now.	lived there
s. Do not include Dates Debtor 1 ived there	e where you live now.  Debtor 2:	lived there
s. Do not include  Dates Debtor 1  Ived there	e where you live now.  Debtor 2:	lived there  Same as Debtor  From
s. Do not include Dates Debtor 1 ived there	Debtor 2:  Same as Debtor 1	lived there
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s. Do not include  Dates Debtor 1  Ived there	Debtor 2:  Same as Debtor 1	lived there  Same as Debtor  From  To
s. Do not include  Dates Debtor 1  Ived there	Debtor 2:  Same as Debtor 1  Number Street	lived there  Same as Debtor  From  To  P Code
s. Do not include  Dates Debtor 1  ved there  rom	Debtor 2:  Same as Debtor 1  Number Street  City State Zi	Ilived there  Same as Debtor  From  To  P Code  Same as Debtor
s. Do not include  Dates Debtor 1  ived there  from	Debtor 2:  Same as Debtor 1  Number Street  City State Zi	lived there  Same as Debtor  From  To  P Code  Same as Debtor  From  From  From  From  From  From  From
s. Do not include  Dates Debtor 1  ved there  rom	Debtor 2:  Same as Debtor 1  Number Street  City State Zi	lived there  Same as Debtor  From  To  P Code  Same as Debtor
s. Do not include  Dates Debtor 1  ived there  from	Debtor 2:  Same as Debtor 1  Number Street  City State Zi	Ilived there  Same as Debtor  From  To  P Code  Same as Debtor **  From  From
	people are filin sheet to this for	for Individuals Filing for Bar people are filing together, both are equally responsil sheet to this form. On the top of any additional pages and Where You Lived Before

Official Form 107

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			Case nu	ımber (if known)	
	First Name Middle Name Las	Name		( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )	
If you		d from all jobs and all bus	inesses, including part-ti	me activities.	endar yearş?
<b>2</b> Y∈	es. Fill in the details.	TO ANNA PARTICIPATO DE LA CARACTERÍA DE LA		Takan manang manggalan kan manang	a North Carlotte and State of the Carlotte and the State
		Debtor 1		Debtor 2	
		Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
	rom January 1 of current year until ne date you filed for bankruptcy:	Wages, commissions, bonuses, tips Operating a business	\$1,500.00	Wages, commissions, bonuses, tips  Operating a business	\$
	or last calendar year:	☐ Wages, commissions, bonuses, tips ☐ Operating a business	\$	Wages, commissions, bonuses, tips	\$
	YYYY			☐ Operating a business	
	or the calendar year before that: anuary 1 to December 31,	<ul><li>Wages, commissions, bonuses, tips</li><li>□ Operating a business</li></ul>	\$	<ul><li>✓ Wages, commissions, bonuses, tips</li><li>✓ Operating a business</li></ul>	\$
Include unemp	e income regardless of whether that inc loyment, and other public benefit paym	ents; pensions; rental inco	me; interest; dividends;	money collected from laws	suits: rovalties: and
Include unemp gambli	e income regardless of whether that inc	ents; pensions; rental inco a joint case and you have	of other income are alimome; interest; dividends; income that you receive	money collected from laws ed together, list it only once	suits: rovalties: and
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Debtor 1 SADE REDDING Case number (if known)

art 3:	List Certain Payments You Made Befo	re You File	d for Bankruptcy		
Are eithe	er Debtor 1's or Debtor 2's debts primarily o	onsumer del	nte?		
_					
	Neither Debtor 1 nor Debtor 2 has primarily "incurred by an individual primarily for a perso	nal, family, or	household purpose."		11(8) as
ì	During the 90 days before you filed for bankru	ptcy, did you p	pay any creditor a total o	of \$6,425* or more?	
	No. Go to line 7.				
[	Yes. List below each creditor to whom you total amount you paid that creditor. D child support and alimony. Also, do n	o not include i	payments for domestic s	support obligations, such as	
	* Subject to adjustment on 4/01/19 and every				
	Debtor 1 or Debtor 2 or both have primarily			•	
	During the 90 days before you filed for bankru			£ \$000	
_		рісу, ака уой р	iay any creditor a total o	t \$600 or more?	
ļ	No. Go to line 7.				
[	Yes. List below each creditor to whom you creditor. Do not include payments for alimony. Also, do not include paymen	domestic supr	port obligations, such as	child support and	
		Dates of payment	Total amount paid	Amount you still owe	Was this payment for
	Creditor's Name		\$	\$	☐ Mortgage
	Ordans S realing				☐ Car
	Number Street	***************************************			Credit card
					Loan repayment
	**************************************				Suppliers or vendors
	City State ZIP Code				Other
	Oily State ZIP Code				- Out-01
			\$	\$	☐ Mortgage
	Creditor's Name				☐ Car
	Number Street	******			Credit card
	Addition of the				Loan repayment
		*****			Suppliers or vendors
					Other
	City State ZIP Code				□ Other
			\$	\$	<b></b>
	Creditor's Name		*	<u> </u>	☐ Mortgage
					Car
	Number Street				Credit card
					Loan repayment

City

State

ZiP Code

☐ Suppliers or vendors

Other\_

Case 16-28310 Doc 1 Filed 09/02/16 Entered 09/02/16 10:07:31 Document Page 47 of 57 SADE REDDING Debtor 1 Case number (if known) Last Name 7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony. 2 No ☐ Yes. List all payments to an insider. Dates of Total amount Amount you still Reason for this payment payment paid Insider's Name Number Street City Insider's Name Number Street State ZIP Code 8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider? Include payments on debts guaranteed or cosigned by an insider. M No Yes. List all payments that benefited an insider. Dates of Total amount Amount you still Reason for this payment payment paid Include creditor's name Insider's Name Number Street

City

Insider's Name

Number Street

State

ZIP Code

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	Last Name		Case number (##		***
4: Identify Legal Action	s, Repossessions	s, and Foreclosur	es		
hin 1 year before you filed for	or bankruptcy, were	you a party in any I	awsuit, court action, or ac	Iministrative proce	eding?
all such matters, including pe I contract disputes.	rsonai injury cases, s	imaii daims actions, (	divorces, collection suits, pa	itemity actions, sup	port or custody modific
No					
Yes. Fill in the details.					
	Nature (	of the case	Court or agency		Status of the cas
					****
Case title			Court Name		—— Pending
	17 - 17 - 17 - 17 - 17 - 17 - 17 - 17 -		***************************************		On appeal
			Number Street		Concluded
Case number			City	State ZIP Code	<del></del>
			J.ly	Sidle Zir Code	
Case title					Pending
Case title	**************************************		Court Name		On appeal
	***************************************		Number Street		Concluded
Case number			· · · · · · · · · · · · · · · · · · ·		Conducto
Case ((dil)pel			City	State ZIP Code	
ck all that apply and fill in the o	r bankruptcy, was a details below.	ny or your property	repossessed, foreclosed,	garnished, attach	ed, seized, or levied?
ck all that apply and fill in the one of the control of the contro	details below.	my or your property	repossessed, foreclosed,	garnished, attach	ed, seized, or levied?
ck all that apply and fill in the one of the control of the contro	details below.	Describe the proper		garnished, attach  Date	ed, seized, or levied?  Value of the propert
ck all that apply and fill in the o	details below.				
ck all that apply and fill in the one of the control of the contro	details below.				Value of the propert
ck all that apply and fill in the o	details below.		ty		Value of the propert
ck all that apply and fill in the one of the control of the contro	details below.	Describe the proper	ty ned		Value of the propert
ck all that apply and fill in the one of the control of the contro	details below.	Describe the proper	ty ned epossessed.		Value of the propert
ck all that apply and fill in the of No. Go to line 11.  Yes. Fill in the information below Creditor's Name  Number Street	details below.	Explain what happen Property was for Pro	ned epossessed. oreclosed. garnished.		Value of the propert
ck all that apply and fill in the of No. Go to line 11.  Yes. Fill in the information below Creditor's Name  Number Street	details below.	Explain what happer  Property was r Property was g Property was g	ned epossessed. oreclosed. garnished. uttached, seized, or levied.		Value of the propert
ck all that apply and fill in the of No. Go to line 11.  Yes. Fill in the information below Creditor's Name  Number Street	details below.	Explain what happen Property was for Pro	ned epossessed. oreclosed. garnished. uttached, seized, or levied.		Value of the propert
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ck all that apply and fill in the of No. Go to line 11.  Yes. Fill in the information below Creditor's Name  Number Street  City	details below.	Explain what happer Property was a Property was a Property was a Describe the propert	ned epossessed. oreclosed. garnished. uttached, seized, or levied.	Date	Value of the propert
ck all that apply and fill in the of No. Go to line 11.  Yes. Fill in the information below a creditor's Name  Number Street  City	details below.	Explain what happer Property was r Property was g Property was g	ned epossessed. oreclosed. garnished. uttached, seized, or levied.	Date	Value of the propert
ck all that apply and fill in the of No. Go to line 11.  Yes. Fill in the information below a creditor's Name  Number Street  City	details below.	Explain what happer Property was a Property was a Property was a Describe the propert	ned epossessed. oreclosed. garnished. attached, seized, or levied. y	Date	Value of the propert

City

State ZIP Code

Property was garnished.

Property was attached, seized, or levied.

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Case number (if known)\_\_\_\_

SADE REDDING

Debtor 1

counts or refuse to make a payment be	uptcy, did any creditor, including a bank or finan ecause you owed a debt?	······································	yo
No			
Yes. Fill in the details.			
	Describe the action the creditor took	Date action	Amount
	MANA.	was taken	Amount
Creditor's Name			
Number Street	_		\$.
- Silver			
	_		
City State ZIP Code	Last 4 digits of account number: XXXX		
No	otcy, did you give any gifts with a total value of m	nore than \$600 per person?	
No	otcy, did you give any gifts with a total value of m	nore than \$600 per person?	
No Yes. Fill in the details for each gift.			
No	otcy, did you give any gifts with a total value of m  Describe the gifts	nore than \$600 per person?  Dates you gave the gifts	Value
No Yes. Fill in the details for each gift.  Gifts with a total value of more than \$600		Dates you gave	Value
No Yes. Fill in the details for each gift.  Gifts with a total value of more than \$600 per person		Dates you gave	
No Yes. Fill in the details for each gift.  Gifts with a total value of more than \$600 per person		Dates you gave	Value \$
No Yes. Fill in the details for each gift.  Gifts with a total value of more than \$600 per person		Dates you gave	
No Yes. Fill in the details for each gift.  Gifts with a total value of more than \$600 per person		Dates you gave	\$
No Yes. Fill in the details for each gift.  Gifts with a total value of more than \$600 per person  Person to Whom You Gave the Gift		Dates you gave	\$
No Yes. Fill in the details for each gift.  Gifts with a total value of more than \$600 per person  Person to Whom You Gave the Gift  Number Street		Dates you gave	\$
No Yes. Fill in the details for each gift.  Gifts with a total value of more than \$600 per person  Person to Whom You Gave the Gift  Number Street		Dates you gave	\$
No Yes. Fill in the details for each gift.  Gifts with a total value of more than \$600 per person  Person to Whom You Gave the Gift  Number Street  City State ZIP Code		Dates you gave	\$
Yes. Fill in the details for each gift.  Gifts with a total value of more than \$600 per person  Person to Whom You Gave the Gift  Number Street  City State ZIP Code  Person's relationship to you		Dates you gave	\$
No Yes. Fill in the details for each gift.  Gifts with a total value of more than \$600 per person  Person to Whom You Gave the Gift  Number Street  City State ZIP Code  Person's relationship to you  Gifts with a total value of more than \$600		Dates you gave the gifts	\$
No Yes. Fill in the details for each gift.  Gifts with a total value of more than \$600 per person  Person to Whom You Gave the Gift  Number Street  City State ZIP Code  Person's relationship to you  Gifts with a total value of more than \$600	Describe the gifts	Dates you gave the gifts  Dates you gave the gifts	\$ \$
No Yes. Fill in the details for each gift.  Gifts with a total value of more than \$600 per person  Person to Whom You Gave the Gift  Number Street  City State ZIP Code  Person's relationship to you  Gifts with a total value of more than \$600 per person	Describe the gifts	Dates you gave the gifts	\$ \$ Value
No Yes. Fill in the details for each gift.  Gifts with a total value of more than \$600 per person  Person to Whom You Gave the Gift  Number Street  City State ZIP Code  Person's relationship to you  Gifts with a total value of more than \$600 per person	Describe the gifts	Dates you gave the gifts  Dates you gave the gifts	\$ \$
No Yes. Fill in the details for each gift.  Gifts with a total value of more than \$600 per person  Person to Whom You Gave the Gift  Number Street  City State ZIP Code  Person's relationship to you  Gifts with a total value of more than \$600 per person	Describe the gifts	Dates you gave the gifts  Dates you gave the gifts	\$Value
No Yes. Fill in the details for each gift.  Gifts with a total value of more than \$600 per person  Person to Whom You Gave the Gift  Number Street  City State ZIP Code  Person's relationship to you  Gifts with a total value of more than \$600 per person	Describe the gifts	Dates you gave the gifts  Dates you gave the gifts	\$ \$ Value
No Yes. Fill in the details for each gift.  Gifts with a total value of more than \$600 per person  Person to Whom You Gave the Gift  Number Street	Describe the gifts	Dates you gave the gifts  Dates you gave the gifts	\$Value

Document Page 50 of 57 SADE REDDING Debtor 1 Case number (if known) Last Name 14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity? Yes. Fill in the details for each gift or contribution. Gifts or contributions to charities Describe what you contributed Date you Value that total more than \$600 contributed Charity's Name Street City State ZIP Code Part 6: List Certain Losses 15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling? M No Yes. Fill in the details. Describe the property you lost and Describe any insurance coverage for the loss Date of your Value of property how the loss occurred loss iost include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. Part 7: **List Certain Payments or Transfers** 16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy. Z No Yes. Fill in the details. Description and value of any property transferred Date payment or Amount of payment transfer was Person Who Was Paid made Number Street State ZiP Code Email or website address Person Who Made the Payment, if Not You

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tor 1	SADE REDDING		Coop mumber		
	First Name Middle Name Las	nt Name	Case number (# known)		
		Description and value of any proper	ty transferred	Date payment or	Amount of
				transfer was made	payment
	Person Who Was Paid	-			
				•	\$
	Number Street	-		·**	Ψ
	3.00				
		•			\$
	City State ZIP Code	•			
	Only State Zir Code				
	Email or website address	a tim			
-	Person Who Made the Payment, if Not You				
	The state of the s				
ĺΝ	ot include any payment or transfer that y lo es. Fill in the details.	oo iisted on mile 10.			
		Description and value of any propert	y transferred	Date payment or transfer was	Amount of payme
				transter was made	
i	Person Who Was Paid	•			
					•
	Number Street				\$
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Vithinans ransi nclud to no	City State ZIP Code  n 2 years before you filed for bankrup ferred in the ordinary course of your de both outright transfers and transfers no of include gifts and transfers that you have	business or financial affairs? nade as security (such as the granting			\$
ithii ansi clud o no	City State ZIP Code  n 2 years before you filed for bankrup ferred in the ordinary course of your de both outright transfers and transfers not include gifts and transfers that you have	business or financial affairs? nade as security (such as the granting re already listed on this statement.	of a security interest or mo	ortgage on your prop	\$
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ithiniclud	City State ZIP Code  n 2 years before you filed for bankrup ferred in the ordinary course of your de both outright transfers and transfers n ot include gifts and transfers that you hav o es. Fill in the details.	business or financial affairs? nade as security (such as the granting re already listed on this statement.  Description and value of property	of a security interest or me	ortgage on your prop	\$en property perty).  Date transfer
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ithin nos	City State ZIP Code  n 2 years before you filed for bankrup ferred in the ordinary course of your de both outright transfers and transfers n ot include gifts and transfers that you hav o es. Fill in the details.  Person Who Received Transfer	business or financial affairs? nade as security (such as the granting re already listed on this statement.  Description and value of property	of a security interest or me	ortgage on your prop	\$en property perty).  Date transfer
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Vithing ransing of the control of th	City State ZIP Code  n 2 years before you filed for bankrup ferred in the ordinary course of your de both outright transfers and transfers in ot include gifts and transfers that you have out include gifts and transfers that you have outright in the details.  Person Who Received Transfer  State ZIP Code  Person's relationship to you	business or financial affairs? nade as security (such as the granting re already listed on this statement.  Description and value of property	of a security interest or me	ortgage on your prop	\$on property perty).  Date transfer

SADE REDDING Debtor 1 Case number (if known)\_ First Name 19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.) M No ☐ Yes. Fill in the details. Description and value of the property transferred Name of trust Part 831 List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units 20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions. M No Yes. Fill in the details. Last 4 digits of account number Type of account or Date account was Last balance before instrument closed, sold, moved. closing or transfer or transferred Name of Financial Institution Checking ☐ Savings Number Street Money market ☐ Brokerage City State ZIP Code Other Checking XXXX-Name of Financial Institution ☐ Savings Money market Number Street ☐ Brokerage Other ZIP Code 21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables? ₩ No Yes. Fill in the details. Who else had access to it? Describe the contents Do you stili have it? ☐ No Name of Financial Institution Yes Number Street Number City State ZIP Code City State ZIP Code

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Doc 1

Filed 09/02/16 Document

Case 16-28310 Doc 1 Filed 09/02/16 Entered 09/02/16 10:07:31 Document Page 53 of 57 SADE REDDING Debtor 1 Case number (if known) f act Name 22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy? Yes. Fill in the details. Who else has or had access to it? Describe the contents Do you still have it? No No Name of Storage Facility Name Yes Number Street Number Street City State ZIP Code State ZIP Code Part 9: Identify Property You Hold or Control for Someone Else 23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone. M No Yes. Fill in the details. Where is the property? Describe the property Value Owner's Name Number Street Number Street State ZIP Code City ZIP Code Part 10: Give Details About Environmental Information For the purpose of Part 10, the following definitions apply: Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material. Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites. Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term. Report all notices, releases, and proceedings that you know about, regardless of when they occurred. 24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law? Yes. Fill in the details. Governmental unit Environmental law, if you know it Date of notice Name of site Governmental unit Number Street Number Street City State ZiP Code

City

State

ZIP Code

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	First Name Middle Name Li	ast Name	Case numb	GI (IT KDOWN)	
5. Have	you notified any governmental unit	of any release of hazardous mater	ial?		
		or any rollage of Hazardous mater	ia: :		
	io 'es. Fill in the details.				
- T	es. Fill in the details.	_			
		Governmental unit	Environmental la	w, if you know it	Date of notice
	Name of site	Governmental unit	_		
	Number Street	Number Street	-		
•		City State ZIP Code	•		
,	City State ZIP Code	man .			
	ony state 217 Code				
. Have	you been a party in any judicial or a	dministrative proceeding under an	v environmental	law? Include settlements an	d ordere
<b>2</b> 1 N			,	and the state of t	d Videis.
	es. Fill in the details.				
	out in the decade.				Chahan - 6 Hz
		Court or agency	Nature of th	e case	Status of the case
Ca	ase title				
		Court Name			Pending
					On appeal
		Number Street	<del></del>		Concluded
					441,0,220
Ca	ase number	City State ZiP Coo	le		
art 11:	Give Details About Your Bu	siness or Connections to Any	Business		
. Withir	n 4 years before you filed for bankru	ptcy, did you own a business or ha	ve any of the foll	owing connections to any b	usiness?
L.	A sole proprietor or self-employed	in a trade, profession, or other act	ivity, either full-ti	me or part-time	
u	A member of a limited liability com	pany (LLC) or limited liability partr	ership (LLP)		
	A partner in a partnership				
	An officer, director, or managing e				
	An owner of at least 5% of the votil	ng or equity securities of a corpora	ition		
☑ No	o. None of the above applies. Go to F	Part 12			
	s. Check all that apply above and fil		naee		
	,,,	Describe the nature of the business		Employer Identification numb	or
5	usiness Name	<del>-</del>		Do not include Social Security	
	Montess Island				, , , , , , , , , , , , , , , , , , , ,
-		_		EIN:	-
N	umber Street	Name of accountant out a state of			
-		Name of accountant or bookkeeper		Dates business existed	
				FromTo	
č	ity State ZIP Code			. 7001 10	
		Describe the nature of the business		Employer Identification numb	ar.
5	Andrew Market			Do not include Social Security	
B	usiness Name				
				EIN:	
No	umber Street	Name of accountant or bookkeeper		Dates business existed	
		or accommute or propagable		Delejke saemanu cula	
				<b>P</b> —	
<del></del>				From To	

Case 16-28310 Doc 1 Filed 09/02/16 Entered 09/02/16 10:07:31 Desc Main Document Page 55 of 57 SADE REDDING Debtor 1 Case number (if known) Last Name **Employer Identification number** Describe the nature of the business Do not include Social Security number or ITIN. **Business Name** Number Street Name of accountant or bookkeeper Dates business existed From \_\_\_ \_ To State ZIP Code 28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties. 2 No Yes. Fill in the details below. Date issued Name MM / DD / YYYY Number Street City State ZIP Code Part 12: Sign Below I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. Signature of Debtor 2 Date 07/03/2016 Date \_\_\_ Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)? Mo No Yes

M No

☐ Yes. Name of person\_

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

 Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). Case 16-28310 Doc 1 Filed 09/02/16 Entered 09/02/16 10:07:31 Desc Main Document Page 56 of 57

Fill in this inf	formation to ide	entify your case:		
Debtor 1	SADE REDE	DING		
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse, if filing)	First Name	Middle Name	Last Name	
United States E	Bankruptcy Court fo	or the: Northern District of II	linois	
Case number				
(If known)				
				· · · · · · · · · · · · · · · · · · ·

## Official Form 108

## Statement of Intention for Individuals Filing Under Chapter 7

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form.

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

## Part 1: List Your Creditors Who Have Secured Claims

Identify the creditor and the property that is collateral	What do you intend to do with the property that secures a debt?	Did you claim the propert as exempt on Schedule C
Creditor's name: NONE	☐ Surrender the property.	□ No
	Retain the property and redeem it.	☐ Yes
Description of property securing debt:	Retain the property and enter into a Reaffirmation Agreement.	
	Retain the property and [explain]:	
Creditor's		
name:	Surrender the property.	☐ No
Description of	Retain the property and redeem it.	☐ Yes
property securing debt:	Retain the property and enter into a Reaffirmation Agreement.	
	Retain the property and [explain]:	
Creditor's	☐ Surrender the property.	□ No
name:	Retain the property and redeem it.	Yes
Description of property securing debt:	Retain the property and enter into a Reaffirmation Agreement.	<b>-</b> 103
	Retain the property and [explain]:	
Creditor's	☐ Surrender the property.	□ No
name:	Retain the property and redeem it.	☐ Yes
Description of property securing debt:	Retain the property and enter into a Reaffirmation Agreement.	<b>□</b> 108
	Retain the property and [explain]:	

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Debtor 1

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		—

First Name Middle Name Last Name

Case number (If known)\_\_\_\_\_

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## **List Your Unexpired Personal Property Leases**

For any unexpired personal property lease that you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill in the information below. Do not list real estate leases. Unexpired leases are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

Describe your unexp	ired personal property leases	· 14. 14. 14. 15. 15.	Will the leas	e be assumed?
Lessor's name:			□ No	
Description of leased property:			Yes	
	to the state of th			************
Lessor's name:			□ No	
Description of leased property:			☐ Yes	
	The state of the s		***************************************	
Lessor's name:			□ No	
Description of leased property:			Yes	
Lessor's name:	e de la composição de la c		□ No	
			☐ Yes	
Description of leased property:			☐ Yes	
Lessor's name:			□ No	
			☐ Yes	
Description of leased property:			<b>□</b> Yes	
Lessor's name:			□ No	***************************************
Description of leased property:			Yes	
Lessor's name:			□ No	
Description of leased property:			☐ Yes	
•				
rt 3: Sign Below				
Inder penalty of perju- personal property that	ry, I declare that I have indicated my in is subject to an unexpired lease.	ntention about any property of my	y estate that secures a deb	t and any
: Dale	Relding *			
Signature of Debtor 1	7	nature of Debtor 2	A. M. M. A.	
Date 07/03/2016	Date			
MM / DD / YYYY		MM / DD / YYYY		